

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 349523

1. Corporation Name

ARVEE DONA BAY, INC.

Principal Place of Business

3439 Technology Drive
Unit B
Nokomis, Florida 34275

Mailing Address

P.O. Box 1466
Venice, Florida 34284

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

July 14, 1969

5. FEI Number

59-1267780

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City & State
PDC	LESTER I. LEVINE	545 Sanctuary Drive	Longboat Key, FL 34228
VTSD	NANCY LEVINE	545 Sanctuary Drive	Longboat Key, FL 34228
D	AIMEE L. DICKMAN	1122 6th Street, #202	Santa Monica, CA 90403
VD	MICHAEL D. LEVINE	1109 Delacroix Circle	Nokomis, FL 34275
VD	BRIAN M. LEVINE	629 Glen Oak Drive	Venice, FL 34293
D	LISA L. LEVINE	10993 Bluffside Drive	Studio City, CA 91604

8. Name and Address of Current Registered Agent

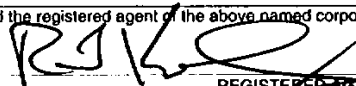
LESTER I. LEVINE
545 Sanctuary Drive
Longboat Key, Florida

9. Name and Address of New Registered Agent

Name
Robert T. Klingbeil, Jr., Esquire
Street Address (P.O. Box Number is Not Acceptable)
341 Venice Avenue West
Suite, Apt. #, Etc.
City
Venice
State
FL
Zip Code
34285

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent



REGISTERED AGENT MUST SIGN

Date

10/13/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Levine VP

Date
10/13/99
Daytime Phone #
941-483-3379

FILED

99 OCT 19 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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CR2001 (12/98)