

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 MAY -4 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

CORPORATION

2000-2001

UBR

DOCUMENT #573360

1. Corporation Name

BETTY LEVINE & ASSOCIATES INTERIOR DESIGN, Inc.

2. Principal Office Address

2875 South Ocean Blvd.

Suite, Apt. #, etc.

Suite 200-18

City & State

Palm Beach, FL

Zip

33480

Country

US

3. Mailing Office Address

2875 S. Ocean Blvd.

Suite, Apt. #, etc.

Suite 200-18

City & State

Palm Beach, FL

Zip

33480

Country

US

2000-2001 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

5/23/78

5. FEI Number

59-1835647

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Levine, Betty

Street Address (P.O. Box Number is Not Acceptable)

2778 S. Ocean Blvd.

Suite, Apt. #, Etc.

#104S

City

Palm Beach

State
FL

Zip Code

33480

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

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

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

P Betty Levine

2778 S. Ocean Blvd. #104S

Palm Beach, FL 33480

V Andrea O'Rourke

317 NE 3rd Street

Boca Raton, FL 33432

3000004275393--E

-05/21/01--01203--017

***300.00 ***300.00

10. 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

Date

Daytime Phone #

4/16/01

561 5853601

CR2E081 (9/00)



BETTY LEVINE & ASSOCIATES
INTERIOR DESIGN, INC.

April 16, 2001

Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement

Dear Sir:

Enclosed is a Corporation Reinstatement Form along with a check in the amount of \$122.50 for the years 2000 and 2001.

This is a request to waive the penalty fee for the reason as listed below:

WE NEVER RECEIVED PROFIT CORPORATION ANNUAL REPORT FOR THESE YEARS. OUR OFFICE ADDRESS WAS 182 NE FIFTH AVENUE, DELRAY BEACH, FL 33483 FOR MANY YEARS AND THE ANNUAL FILING FEE WAS ALWAYS PAID. IN NOVEMBER, 1996 WE "DOWN-SIZED" THE COMPANY AND MOVED TO AN EXECUTIVE SUITE IN PALM BEACH, FL. THE MAIL WAS FORWARDED FOR SOME TIME TO THE NEW ADDRESS AND THE ANNUAL REPORT WAS FILED THROUGH 1999. AFTER THAT WE DID NOT RECEIVE THE PACKAGE AND THEREFORE, IT WAS NOT FILED. THANK YOU FOR REVIEWING OUR RECORDS AND WAIVE THE PENALTY.

Sincerely,

Betty Levine
President

Attachment: Corporation Reinstatement Form
Check in the amount of \$122.50
Copy of 1998 Filing Form (Document #573360)