

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F11000001768

**FILED**  
**Oct 07, 2013**  
**Secretary of State**

**Entity Name:** LEVY TAX PROFESSIONALS, INC.

**Current Principal Place of Business:**

28400 SOUTHFIELD ROAD  
LATHRUP VILLAGE, MI 48076

**New Principal Place of Business:**

**Current Mailing Address:**

4400 N. FEDERAL HWY., SUITE 210  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 20-8739721

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REBACK, ALLEN  
4400 N. FEDERAL HWY., SUITE 210  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALLEN REBACK

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CDPV  
Name: LEVY, LAWRENCE B  
Address: 28400 SOUTHFIELD ROAD  
City-St-Zip: LATHRUP VILLAGE, MI 48076

Title: ST  
Name: LEVY, LAWRENCE B  
Address: 28400 SOUTHFIELD ROAD  
City-St-Zip: LATHRUP VILLAGE, MI 48076

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAWRENCE LEVY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CEO

10/07/2013

\_\_\_\_\_  
Date