

F99000004555

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 26 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

LEVY ENTERPRISES, INC.

2. Principal Office Address

4975 Flat Shoales Parkway

3. Mailing Office Address

5400 Kenilworth Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Decatur, GA

City & State

Riverdale, MD

Zip

30034

Country

USA

Zip

20737

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/99

5. FEI Number

APPLIED FOR

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

Tricia Purks-Hoffler, Esq.

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

173 South Sewalls Point Road

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34996

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

Tricia Purks-Hoffler

Date 2/8/01

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
PCD	LEVY, PAULINE	P.O. BOX 1015	Jonesboro, GA 30237
S	LEVY, SIDNEY	P.O. BOX 1015	Jonesboro, GA 30237
			800003789408--8
			-02/28/01--01048--020
			****900.00 ****900.00

*Reinstate
2-28-01
MS*

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:

Pauline Levy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/2001

Date

Daytime Phone #

CR2E081 (3/99)