

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G35725**

1. Corporation Name

LIVINGSTON DEVELOPERS, INC.

FILED

02 OCT 28 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~7409 ESTRELLA CIR.
BOCA RATON FL 33433~~

Mailing Address

~~7409 ESTRELLA CIR.
BOCA RATON FL 33433~~



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

2. New Principal Office Address, if Applicable

~~6654 Bristol Lake South~~
Suite, Apt. #, etc.

~~Delray Beach, FL~~
City & State

Zip
33446

Country

3. New Mailing Office Address, if Applicable

~~6654 Bristol Lake South~~
Suite, Apt. #, etc.

~~Delray Beach, FL~~
City & State

Zip
33446

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/1983

5. FEI Number

59-2288070

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	KEMPNER, MICHAEL	7409 ESTRELLA CIR.	BOCA RATON FL
DST	KEMPNER, BARBARA	7409 ESTRELLA CIRCLE	BOCA RATON FL

200008604012
10/28/02--01021--002 **150.00

10/21/02

8. Name and Address of Current Registered Agent

KEMPNER, MICHAEL
7409 ESTRELLA CIR.
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

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

~~6654 Bristol Lake South~~
Suite, Apt. #, Etc.

City

~~Delray Beach~~

State

~~FL~~

Zip Code

~~33446~~

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/02

Daytime Phone #

CR2ED40 (8/02)

**MICHAEL KEMPNER
6654 BRISTOL LAKE SOUTH
DELRAY BEACH, FL 33446
561-865-8558**

October 22, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

**RE: G35725
LIVINGSTON DEVELOPERS, INC.**

Enclosed please find my application for reinstatement along with my check for \$150.00. The 2002 Annual Report/Uniform Business Report was sent to my old address and we never received it. We have moved to the address listed above and I have completed the change of address portion on the application.

Thank you very much.

Sincerely yours,


Michael Kempner

MK/alo