

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

02 NOV 22 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** G80945

**1. Corporation Name**

DRS. LEVY & SHAPIRO, M.D., P.A.

**2. Principal Office Address**

21110 Biscayne Blvd.

**3. Mailing Office Address**

21110 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

Suite 203

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

Zip

33180

Country

Zip

33180

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/22/1983

**5. FEI Number**

59-2353380

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

GORDON, HOWARD W.

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

100 S.E. 2nd Street, 17th Floor

Suite, Apt. #, Etc.

City

Miami

State  
**FL**

Zip Code  
33131

**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

REGISTERED AGENT MUST SIGN

Date 12/22/2002

**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
DP	LEVY, ELLIOT G.	21110 Biscayne Blvd. Suite 203	No. Miami Beach, FL 33180
DV	SHAPIRO, TIMOTHY	21110 Biscayne Blvd. Suite 203	No. Miami Beach, FL 33180

**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

Elliot G. Levy, President

Date

Daytime Phone #

12/22/2002

CR2E081 (9/01)