

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 18 AM 9:21

DOCUMENT #

1. Corporation Name **WE CAN DO IT INC**

L 47771

2. Principal Office Address - No P.O. Box #

1201 S OCEAN DRIVE

Suite, Apt. #, etc.

APT 1003 SOUTH

City & State

HOLLYWOOD FL

Zip

33019

Country

USA

BROWARD

3. Mailing Office Address

1201 S. OCEAN DR

Suite, Apt. #, etc.

1003 S

City & State

HOLLYWOOD FL

Zip

33019

Country

USA

CR2E081 (1/07)

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

02-06-1990

5. FEI Number

650169623

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

JACK LEVY

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

1201 S OCEAN DRIVE

Suite, Apt. #, Etc.

1003 SOUTH

City

HOLLYWOOD

State

FL

Zip Code

33019

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **9/14/07**

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 |
|--------|--------------------------------------|---|----------------------|
| PRES. | JACK LEVY | 1201 S OCEAN DRIVE #1003 S | HOLLYWOOD, FL. 33019 |
| VP | ROBERT LEVY | 2059 NW PINETREE WAY | STUART, FL 34994 |
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REINSTATEMENT
03-01

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1350.00

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 contained in Chapter 119, 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 #

786 225
786 5529