

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

B 122
FILED
04 MAY -5 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L68374

1. Corporation Name

CARLOS G LEVY DO PA

REINSTATEMENT *8-84*

2. Principal Office Address

2957 MEDINAH

3. Mailing Office Address

2957 MEDINAH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FL

City & State

WESTON, FL

Zip

33332

Country

USA

Zip

33332

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida 4/24/90**

5. FEI Number
65-0191325

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
CARLOS G LEVY DO PA

Street Address (P.O. Box Number is Not Acceptable)
2957 MEDINAH

Suite, Apt. #, Etc.

City
WESTON

State
FL

Zip Code
33332

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**

Carlos G Levy
REGISTERED AGENT MUST SIGN

Date *4/30/04*

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
P/D	CARLOS G LEVY DO	2957 MEDINAH	WESTON, FL 33332
VP/D	JOSEPHINE LEVY	2957 MEDINAH	WESTON, FL 33332

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)(f), 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:

Josephine Levy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

Daytime Phone #

CR2001 (01/04)

th

PJ 2/22
3801 N. University Dr
Suite 502
Sunrise, FL 33351
Tel: (954) 746-1180
Fax: (954) 747-3603


Carlos G Levy D.O.P.A.

May 1, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

As per my telephone conversation this morning with internet technical support, I was so relieved to learn that the late fee would be dismissed with this letter of explanation.

In the year 2000, I left the office address of 8606 St Rd 84. I did change the address in the Principal Address Section and in the Mailing Office Address section I put "same". Presuming "same" would be interpreted as same as Principal address. (not "same" as previously reported) As a result, I never received the annual report form or postcard; nor were they ever forwarded to me. In the near 15 years we have had this corporation, this lapse in filing only occurred when we left the Davie office.

I have correctly (hopefully) entered the mailing address as the same as the principal address and thus there should be no other problems in the future.

Enclosed is my reinstatement form and check for \$300.00 for 2003 and 2004.

Doc. # L 68374

Thank you so much

Josephine Levy

Josephine Levy

PMA.... Always have a positive mental attitude!