APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M13708

FILED
97 MAY 21 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

D. F. Development Corp

Principal Place of Business	Mailing Address
9135 S.W. 87TH Ave Miami Fla 33176	P.O. Box 380130 Miami Fla 33156 USA

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

2. New Principal Office Address, if Applicable	3. New Mailing Address, if Applicable
	P.O. Box 380130
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Miami Fla
Zip / Country	Zip: 33156 / Country: USA

REINSTATEMENT 87-97
DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-274-8346 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Director President	Morris D. Levitt	3519 Bayshore Villas Drive Miami Fla 33133	Miami Fla 33133
Director Secretary	ALLEN H. Levitt	12280 S.W. 69 Place	Miami Fla 33156
Director	Ilana Levitt	12280 S.W. 69 Place	Miami Fla 33156

500002189735--5
-05/23/97-01056-013
***1881.25 ***1881.25

5-21-97

8. Name and Address of Current Registered Agent

DAVID Freedman
200 South Biscayne Blvd.
Miami Fla (Suite 4750)
33131

9. Name and Address of New Registered Agent

Name: Jeff Levey Esq
Street Address (P.O. Box Number is Not Acceptable): 2665 South Bayshore Drive
Suite, Apt. #, Etc.: Suite 1004
City: Miami State: FL Zip Code: 33133

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.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN

Date: 5/11/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Allen Levitt ALLEN LEVITT 5/9/97 305-322-2280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E080 (1-95)