

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 99 OCT 19 AM 9:50  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **M63808**  
 1. Corporation Name  
**LEVENSHON GAZEBO CORPORATION**

Principal Place of Business	Mailing Address
1401 BRICKELL AVE 630 MIAMI FL 33131	1401 BRICKELL AVE 630 MIAMI FL 33131

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

REINSTATEMENT **9910**

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business In Florida <b>12/18/1987</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <b>65-0035390</b>
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
CDP	LEVENSHON, IRA M	1401 BRICKELL AVE SUITE 630	MIAMI FL 33131

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LEVENSHON, IRA, M 1401 BRICKELL AVE SUITE 630 MIAMI FL 33131	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State <b>FL</b>
	Zip Code

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: Date: \_\_\_\_\_

REGISTERED AGENT MUST SIGN

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: **KE**

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **10/14/99** Daytime Phone #: **305-373-8410**

CFR2540 (8/99)