

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

99/00
CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -3 AM 11:48

DOCUMENT # N98000001236

1. Corporation Name

M.R. Lebowitz, Inc.

2. Principal Office Address

940 Douglas Ave, 169

Suite, Apt. #, etc.

PO Box 20

City & State Point Washington FL

Altamonte Springs FL

Zip 32454

Country

USA

3. Mailing Office Address

940 Douglas Ave PO Box 20

Suite, Apt. #, etc.

169

City & State Point Washington FL

Altamonte Springs FL

Zip 32454

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05-10-99 90236 043 \$61.25

03/03/98

5. FEI Number

59-3495199

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

Marci Lebowitz

000003532280-9

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

940 Douglas Ave, 169

01/11/01 01019 010

*****61.25 *****61.25

Suite, Apt. #, Etc.

City

Altamonte Springs

State
FL

Zip Code

32714

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

Marci Lebowitz

Date 12/03/00

REGISTERED AGENT MUST SIGN

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
Mrs.	Jean Roberts	2767 Logondale Dr.	Orlando, FL 32817
Mrs.	Denise Bennett	940 Douglas Ave, 172	Altam. Sprg FL 32714
Mr.	Steven McCreadie	1049 E. Point Wash. Rd.	Santa Rosa Beach 32459
Mrs.	Harriet Dudley	2410 Shadywood Circle	Crofton MD 21114
			12/13/01

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:

Marci Lebowitz

12/03/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-231-0804 MKL
407-682-1129

CR2E081 (9/99)

(2)

December 10, 2000

Division of Corporations
Florida Department of State
PO Box 6327
Tallahassee, FL 32314

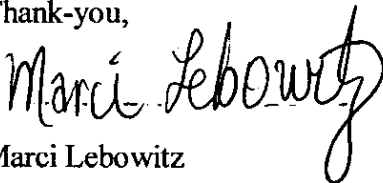
To Whom It May Concern:

I did not receive a corporate rejection letter in 1999, or any notice informing me that further information was needed to settle my account. Furthermore, I did not receive a letter informing me that my corporation would be dissolved in 1999 or for 2000. I am writing this letter of request that the Division of Corporations waive the penalty fees and allow for reinstatement of M.R. Lebowitz, Inc.

Please be informed that my new address as of December 18, 2000 will be

PO Box 20
Point Washington, FL 32454

Thank-you,



Marci Lebowitz