

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000034425**

1. Corporation Name

**THE LEFKO CORPORATION**

Principal Place of Business

6177 N.W. 50TH ST.  
CORAL SPRINGS FL 33067

Mailing Address

6177 N.W. 50TH ST.  
CORAL SPRINGS FL 33067

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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

03

4. Date Incorporated or Qualified  
To Do Business in Florida

04/04/2000

5. FEI Number

65-1011248

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 3	City / State / Zip 4
D	LEFKOWITZ, HOWARD K	6177 N.W. 50TH ST.	CORAL SPRINGS FL 33067
D	LEFKOWITZ, JANE	6177 N.W. 50TH ST.	CORAL SPRINGS FL 33067

000024249840  
10/29/03--01035--017 \*\*150.00

8. Name and Address of Current Registered Agent

LIGHTMAN, CHARLES H ESQ  
100 S.E. 2ND AVE.  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Charles H. Lightman*

REGISTERED AGENT MUST SIGN

Date 10/26

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:

*Howard K. Lefkowitz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-03 561-357-0066

Date

Daytime Phone # **XT. 13**

CR2E040 (7/03)

Charles H. Lichtman  
954.627.9913  
clightman@bergersingerman.com

October 27, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

**Re: The Lefko Corporation**

TO WHOM IT MAY CONCERN:  
To Whom It May Concern:

Enclosed please find an Application for Reinstatement, along with a check for \$150 representing the fee regarding the above-styled matter. Thank you and please call with any questions.

Very truly yours,

BERGER SINGerman



Charles H. Lichtman

CHL:low  
encl: