

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG 16 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO1000095447

1. Corporation Name  
LEVY WATCH REPAIR CENTER, INC  
4729 NORTH CONGRESS AVE  
BOYNTON BEACH, FL 33426

2. Principal Office Address  
4729 No. Congress Ave  
Suite, Apt. #, etc.

3. Mailing Office Address  
SAME  
Suite, Apt. #, etc.

City & State  
BOYNTON BEACH, FL  
Zip  
33426  
Country  
USA

City & State  
City & State  
Zip  
Country

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida 10-1-2001

5. FEI Number  
65-1143773 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  
Steven J. Tyman 900040223659  
Street Address (P.O. Box Number is Not Acceptable)  
2 South University Dr. 08/16/04--01079--003 \*\*301.00  
Suite, Apt. #, Etc.  
# 215  
City  
Plantation, FL State FL Zip Code 33324

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 \* [Signature] Date 6/15/04  
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
PD	ISIDORO LEVY	5744 NW 48 Dr. <del>CA</del>	Coral Springs, FL 33067

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: [Signature] ISIDORO LEVY \* 6/15/04 561-649-4094  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)