

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAR 19 AM 5:40

DOCUMENT # P01000099518

1. Corporation Name

LEVY'S KOSHER OF HOLLYWOOD, INC.

2. Principal Office Address - No P.O. Box #

3369 SHERIDAN STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33021

Country

USA

3. Mailing Office Address

3369 SHERIDAN STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33021

Country

USA

500223181205

02/28/12--01005--007 **900.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/01

5. FEI Number

P01000099518

65-14555

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

Elizabeth Maagrisso

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

10991 SW 51st St.

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33328

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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]

REGISTERED AGENT MUST SIGN

Date

3.12.12

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
P	OPHER LEVY	3369 SHERIDAN STREET	HOLLYWOOD, FL

10. E-mail Address: levyskosher@aol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/12

954-983-2825

Date

Daytime Phone #

MAR 19 2012
D. BUTLER