

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000024076

1. Corporation Name

LE VERBE, INC.

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

1500 North University Drive

Suite, Apt. #, etc.

Suite 245

City & State

Coral Springs, Florida

Zip

33071

Country

USA

3. Mailing Office Address

1500 North University Drive

Suite, Apt. #, etc.

Suite 245

City & State

Coral Springs, Florida

Zip

33071

Country

USA

FILED
08 JUN 27 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08

REINSTATEMENT

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

3/5/2002

5. FEI Number
48 1256929

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

Williams, Yolette

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

1500 North University Drive

Suite, Apt. #, Etc.

245

City

Coral Springs, Florida

State

FL

Zip Code

33071

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **6/25/08**

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	Theodule, George	8461 Lake Worth Road, Suite 170	Lake Worth, Florida 33467
V	Williams, Yolette T	1500 North University Drive, Suite 245	Coral Springs, Florida 33071

700131811137
06/27/08--01025--008 **450.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yolette T. Williams

6/25/08

Date

954-214-3919

Daytime Phone #