

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000064645

1. Corporation Name

THE ACCOUNTING OFFICES OF LEVINE & ASSOCIATES, P.A.

FILED

07 JUL 11 AM 10:19

CLERK OF STATE
TALLAHASSEE, FLORIDA

600106261116
07/17/07--01022--020 **750.00

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

1001 Brickell Bay Drive

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite 2002

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33131

Country

US

Zip

Country

REINSTATEMENT 03-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/2002

5. FEI Number

65-1158879

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
Alan Levine

Street Address (P.O. Box Number is Not Acceptable)
1001 Brickell Bay Drive

Suite, Apt. #, Etc.
Suite 2002

City
Miami

State
FL

Zip Code
33131

☒ 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

7/10/07

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
D	LEVINE, ALAN	1001 Brickell Bay Drive, Ste. 2002	MIAMI FL 33181
T	LEVINE, ALAN	1001 Brickell Bay Drive, Ste. 2002	MIAMI FL 33181

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
Alan F. Levine

07/09/2007

Date

305-350-5699

Daytime Phone #

7/13