

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000086500**

1. Corporation Name

DAVID I. LEVY, INC.

Principal Place of Business

612 SW 44TH AVENUE
PLANTATION FL 33317
US

Mailing Address

612 SW 44TH AVENUE
PLANTATION FL 33317
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/2002

5. FEI Number

16-1620950

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
P	LEVY, DAVID I	612 SW 44TH AVENUE	PLANTATION FL 33317

8. Name and Address of Current Registered Agent

LEVY, DAVID I
612 SW 44TH AVENUE
PLANTATION FL 33317

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

David I. Levy

REGISTERED AGENT MUST SIGN

Date

10/9/03

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:

David I. Levy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03

Daytime Phone #

FILED

03 OCT 27 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



300023770313
10/14/03--01003--005 **150.00

CR2E040 (7/03)

Raymond M. DiRocco, CPA
Licensed in Florida
Allan B. Dombrow, CPA
Licensed in Florida, New Jersey, Texas

Commercial Point Plaza
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e-mail: ddcpa@bellsouth.net

DiRocco & Dombrow, P.A.

Certified Public Accountants and Consultants

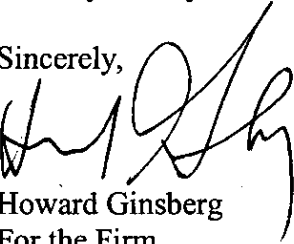
October 9, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: David-I-Levy, Inc.
Document Number: P02000086500
~~Certificate of Dissolution~~

Our client has received the attached notice. You will note that this would have been the first corporation annual report to be filed by said corporation. Our client claims that until this notice, he has no knowledge of the filing requirements. It was never his intention not to adhere to all rules and regulations. We are enclosing a check in the amount of \$150.00. Please accept this and reinstate the above corporation. Our client will file all future reports on a timely basis. Again, we ask forgiveness for a first time businessman with no knowledge of the requirements.
Thank you for your consideration.

Sincerely,



Howard Ginsberg
For the Firm