

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 30 PM 1:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000088377

1. Corporation Name

LEVIN INVESTMENT REALTY CORP

2. Principal Office Address

4326 S. MANHATTAN AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

c/o Brey & Company, CPA's, PA

Suite, Apt. #, etc.

35 DAVIS BOULEVARD

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

Country

33611-1304

US

Zip

Country

33606

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/7/2002

5. FEI Number

81-0572321

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

GALE SILBERMANN, ESQUIRE

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

1150 CLEVELAND STREET

Suite, Apt. #, Etc.

SUITE 300

City

CLEARWATER

State Zip Code

FL 33755

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

10/27/03

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/D	JANE F. LEVIN	4326 SOUTH MANHATTAN AVE	TAMPA, FL. 33611

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: 

JANE F. LEVIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03

Date

813-832-5500

Daytime Phone #

211/4