

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P13000071171**

1. Corporation Name

SARA COLLINS LEVI INC.

800265521438
12/08/14--01005--007 **600.00

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

921 SW 19th ST

Suite, Apt. #, etc.

3. Mailing Office Address

921 SW 19th ST

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

Country

33315

USA

Zip

Country

33315

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-27-2013

5. FEI Number

46-3495174

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

SARA COLLINS LEVI

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

921 SW 19th ST

Suite, Apt. #, Etc.

City

FORT LAUDERDALE, FL

State

FL

Zip Code

33315

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

Sara Collins

REGISTERED AGENT MUST SIGN

Date **11-28-14**

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
PRES	SARA COLLINS LEVI	921 SW 19th ST. FFL	33315 FORT LAUDERDALE, FL.
	REINSTATEMENT		S. HAWKES
	2014		DEC 08 AM.
			EXAMINER

10. E-mail Address: **SCLEINCMENT@GMAIL.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:

Sara Collins

SARA COLLINS LEVI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-28-14

Date

954-913-8320

Daytime Phone