

APPLICATION FOR
REINSTATEMENT FOR



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 27 PM 2:05

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

LEWINVEST, INC.
1401 BRICKELL AVENUE, SUITE 630
MIAMI, FLORIDA 33131

DOCUMENT #P94000014855 (8)

1a. Principal Place of Business Address

1401 BRICKELL AVENUE, SUITE 630
MIAMI, FL 33131

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

2/21/1994

FLORIDA

4. FEI Number

65-0483466

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Name **Ira M. Levenshon**
c/o M2 Realty Corporation
Street Address (P.O. Box Number is Not Acceptable)
1401 Brickell Avenue
Suite, Apt. #, etc.
630
City **Miami** **FL** Zip Code **33131**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Ira M. Levenshon

Date **10/24/97**

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

DVP

Levenshon, Ira M.

1401 Brickell Avenue, Suite 630

Miami, FL 33131

DPST

Lewin, Nathan

1401 Brickell Avenue, Suite 630

Miami, FL 33131

REINSTATEMENT

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-10/28/97--01107--017
****750.00 ****750.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Ira M. Levenshon, Director

Date **10/24/97**

Daytime Phone # **(305) 373-9800 Ext 15**

Typed or printed name of signing Managing Member/Manager