

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000023671

1. Corporation Name

DAVIS, SILVER & LEVY, P.A.

Principal Place of Business

Mailing Address

501 BRICKELL KEY DR
SUITE 200
MIAMI FL 33131
US

501 BRICKELL KEY DR
SUITE 200
MIAMI FL 33131
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1995

5. FEI Number

65-0567762

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
D	DAVIS, MARTY	501 BRICKELL KEY DR, SUITE 200 BRICKELL	MIAMI FL 33131

800003437078-5
-10/24/00-01087-002
*****150.00 *****150.00

10/11/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVIS, MARTY
501 BRICKELL KEY DRIVE
SUITE 200
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/11/00

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marty F. Davis

Date

10/11/00

Daytime Phone #

305-358-1112

DAVIS, SILVER & LEVY

A PROFESSIONAL ASSOCIATION

ATTORNEYS AT LAW

501 BRICKELL KEY DRIVE, SUITE 200
MIAMI, FLORIDA 33131

TELEPHONE
(305) 358-1112
FACSIMILE
(305) 358-1191

MARTY E. DAVIS
SCOTT A. SILVER
JOSHUA M. LEVY
GAIL C. SILVER
MITCHELL L. FELDMAN*
LORRAINE L. POWERS
SAMUEL S. FRANKEL, JR
AARON S. BASS
ROBIN HELLMAN
ROBERT F. KOHLMAN, OF COUNSEL
*ALSO ADMITTED TO GEORGIA BAR

EMAIL: dslmiami@dasile.com

October 11, 2000

Via FEDEX

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

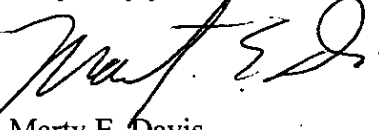
Re: Davis, Silver & Levy, P.A.

Dear Sirs:

This letter will serve to confirm my conversation with your office today wherein I advised that I had received the attached Notice of Administrative Dissolution. I explained to your representative that this form had been sent to your office on March 24, 2000 (a copy of which is attached along with checkstub), however, your office had not received same.

Per your representative's instructions, I am attaching hereto a completed Notice of Administration Dissolution with a check in the amount of \$150.00. It is requested that the late charge be waived in this instance, as I had timely sent in the form.

Very truly yours,



Marty E. Davis
Encls.

PALM BEACH OFFICE
500 AUSTRALIAN AVENUE S., SUITE 800 • W. PALM BEACH, FLORIDA 33401 • TELEPHONE (561) 659-0551 • FAX (561) 835-6866
OCALA OFFICE
230 NORTHEAST 25TH AVENUE • OCALA, FLORIDA 34470-2938 • TELEPHONE (352) 402-0947 • FAX (352) 402-0951
TAMPA OFFICE
4890 WEST KENNEDY BOULEVARD, SUITE 600 • TAMPA, FLORIDA 33609 • TELEPHONE (813) 637-3532 • FAX (813) 637-3564