


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  97 JAN -6 PM 4:18  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> <u>195000097796</u> 1. Corporation Name <u>BOB LEVINE, INC.</u>				<b>REINSTATEMENT</b> <u>90</u>	
Principal Place of Business <u>1337 FUNSTON ST.</u> <u>HOLLYWOOD, FL 33020</u>		Mailing Address <u>1865 S. OCEAN DR.</u> <u>SUITE 51K</u> <u>HALLANDALE, FL 33009</u>			
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 Address, If Applicable <u>1865 S. OCEAN DR.</u> Suite, Apt. #, etc. <u>SUITE 51K</u> City & State <u>HALLANDALE, FL 33009</u> Zip      Country <u>33009</u> <u>U.S.A.</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>12/22/95</u>  5. FBI Number <u>65-0645509</u> Applied For <input type="checkbox"/> Not Applicable	
CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>					
7. Names and Street Addresses of Each Officer and/or Director: (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1. PRES/VP.	ROBERT LEVINE	1337 FUNSTON ST. HOLLYWOOD, FL 33020			
2. SEC.	NANCY A. HASS, ESQ.	1865 S. OCEAN DR. SUITE 51K	HALLANDALE, FL 33009		
7000002050067 7 -01/08/97--01032--013 ***375.00 ***375.00 <u>161-10-97</u>					
8. Name and Address of Current Registered Agent  <u>NANCY A. HASS, ESQUIRE</u> <u>1865 S. OCEAN DR.</u> <u>SUITE 51K</u> <u>HALLANDALE, FL 33009</u>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City      State      Zip Code <u>FL</u>		
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 <u>Nancy A. Hass</u> REGISTERED AGENT MUST SIGN		Date <u>12/1/96</u>			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: <u>Nancy A. Hass, Esq.</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>12/1/96</u> <u>954-455-0129</u> Date      Daytime Phone			

CITR2041 (12/95)