

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

97 DEC 30 AM 9:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000043654

1. Corporation Name

STEPHEN LEVINE & ASSOCIATES, INC.

Principal Place of Business

2651 PARK WINDSOR DRIVE
 SUITE 208
 FT. MYERS FL 33901

Mailing Address

2651 PARK WINDSOR DRIVE
 SUITE 208
 FT. MYERS FL 33901



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 Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

05/22/1996

5. FEI Number

65-0667918

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	LEVINE, STEPHEN M	2651 PARK WINDSOR DRIVE SUITE 20	FT. MYERS FL 33901

100002393271--7
 -01/07/98--01105--007
 ****758.75 ****758.75

12-31-97

8. Name and Address of Current Registered Agent

LEVINE, STEPHEN M
 2651 PARK WINDSOR DRIVE
 SUITE 208
 FT MYERS FL 33901

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
 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

Stephen M. Levine

REGISTERED AGENT MUST SIGN

Date

12/26/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on Intangible tax.)

12. 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)(l), 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:

Stephen M. Levine
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/97

941-278-3669
 Daytime Phone #

CR20040 (8/97)