

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 AUG 14 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #P96000053976

**1. Corporation Name**

E. Teresa Levy Enterprises, Inc.

**2. Principal Office Address**

333 University Dr. #320  
Suite, Apt. #, etc.

320

City & State

Coral Gables, FL

Zip

Country

33134

U.S.A.

**3. Mailing Office Address**

333 University Dr. #320  
Suite, Apt. #, etc.

320

City & State

Coral Gables, FL

Zip

Country

33134

U.S.A.

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

06/24/1996

**5. FEI Number**

65-0678880

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

Humberto E. Ruiz & Associates

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

2298 N.W. Boca Raton Blvd. #18

Suite, Apt. #, Etc.

18

City

Boca Raton

State

FL

Zip Code

33431

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18

**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

Date 6/15/2001

REGISTERED AGENT MUST SIGN

**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
P/D	E. Teresa Levy	333 University Dr. #320	Coral Gables, FL 33134

**10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Teresa Levy

6/15/2001

Date

305-992-8373

Daytime Phone #

CR2E081 (9/99)