

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PAGE 1 of 2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY 18 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PG 7000016398**

1. Corporation Name

**SBL OF SOUTH FLORIDA, INC.**

2. Principal Office Address

**21387 ROCKLEDGE LANE**

Suite, Apt. #, etc.

3. Mailing Office Address

**21387 ROCKLEDGE LANE**

Suite, Apt. #, etc.

City & State

**BOCA RATON, FL**

City & State

**BOCA RATON, FL**

Zip

**33428**

Country

**USA**

Zip

**33428**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**2/17/97**

5. FEI Number

**65-0735625**

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

**BRUCE LEVINSON**

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

**21387 ROCKLEDGE LANE**

Suite, Apt. #, Etc.

City

**BOCA RATON**

State

**FL**

Zip Code

**33428**

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

**4/27/01**

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
<b>PRES</b>	<b>BRUCE LEVINSON</b>	<b>21387 ROCKLEDGE LANE</b>	<b>BOCA RATON FL 33428</b>
<b>VPRES</b>	<b>SANDRA LEVINSON</b>	<b>21387 ROCKLEDGE LANE</b>	<b>BOCA RATON FL 33428</b>
<b>SEC</b>	<b>BRUCE LEVINSON</b>	<b>21387 ROCKLEDGE LANE</b>	<b>BOCA RATON FL 33428</b>

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

Date

**4/27/01**

Daytime Phone #

**561-477-8484**

CR2E081 (9/00)

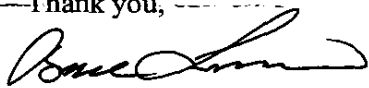
PAGE 2 of 2

Date 4/24/01

To whom it may concern,

I am writing this letter to explain why I did not receive my annual dues statement from the Dept Of State. The previous address for my corporation did not forward the mail to my corporation as it has a new address. The current address is 21387 Rockledge Lane, Boca Raton, Fl. 33428. The old address is 1334 State Rd. 7 Margate, Fl.

Thank you,

A handwritten signature in black ink, appearing to read "Bruce Levinson", written over a horizontal line.

Bruce Levinson, President  
SBL Of South Florida, Inc.