PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 98 REINSTATEMENT

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

FILED
99 JUL 14 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000102694

1. Corporation Name
PHOENIX OF DAVIE, INC.

Principal Place of Business / Mailing Address
1101 S. ROGERS CIRCLE
SUITE 3
BOCA RATON, FL 33487

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

REINSTATEMENT 98-99 SP

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1101 S. ROGERS CIRCLE	1101 S. ROGERS CIRCLE
Suite, Apt. #, etc: SUITE 3	Suite, Apt. #, etc: SUITE 3
City & State: BOCA RATON FL.	City & State: BOCA RATON, FL.
Zip: 33487 Country: USA	Zip: 33487 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12-4-1997

5. FEI Number: 65-0801200 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	GLENN LEVINS	17086 ROYAL COVE WAY	BOCA RATON, FL 33487
V	JAY LEVINS	2250 WASHINGTON AVE	SEAFORD, NY 11783
S	LAWRENCE LEVINS	2250 WASHINGTON AVE	SEAFORD NY 11783

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****900.00 ****900.00

8. Name and Address of Current Registered Agent
TED DANIELS, ESQ.
4400 NORTH FEDERAL HWY
BOCA RATON, FL 33431

9. Name and Address of New Registered Agent
Name: GLENN LEVINS
Street Address (P.O. Box Number is Not Acceptable): 1101 S. ROGERS CIRCLE
Suite, Apt. #, Etc: SUITE 3
City: BOCA RATON State: FL Zip Code: 33487

CR2E081 (12.98)

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] REGISTERED AGENT MUST SIGN Date: 6-20-99

11. This corporation owes 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)(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] GLENN LEVINS 6-20-99 561-988-2036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #