

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT 12 PM 7:57

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000000048

1. Corporation Name  
Levchil, Inc.

2. Principal Office Address  
3900 Inverrary Blvd.

3. Mailing Office Address  
3900 Inverrary Blvd.

Suite, Apt. #, etc.  
Apartment E 1

Suite, Apt. #, etc.  
Apartment E 1

City & State  
Lauderhill, Florida

City & State  
Lauderhill, Florida

Zip Country  
33319 U.S.A.

Zip Country  
33319 U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida 01/01/1999

5. FEI Number  
650891513

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  
Myron Levenson

Street Address (P.O. Box Number is Not Acceptable)  
3900 Inverrary Boulevard

Suite, Apt. #, Etc.  
Apartment E 1

City  
Lauderhill

State Zip Code  
FL 33319

300060455682  
10/10/05--01068--014 \*\*1058.75

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 Myron E. Levenson  
REGISTERED AGENT MUST SIGN

Date 9/19/2005

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
PVST	Myron Levenson	3900 Inverrary Blvd. Apartment E 1	Lauderhill, FL 33319
D	Myron Levenson	3900 Inverrary Blvd. Apartment E 1	Lauderhill, FL 33319

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: Myron E. Levenson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/2005 954-733-7834  
Date Daytime Phone #