

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
AND
FILING

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04 NOV 10 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000090999

1. Corporation Name

DAVID SHEVITZ, PA

2. Principal Office Address

19821 DINNER KEY DR

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

Country

33498

USA

3. Mailing Office Address

19821 DINNER KEY DR

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

Country

33498

USA

REINSTATEMENT *DL-04*

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/1999

5. FEI Number

65-0958735

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

DAVID SHEVITZ

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

19821 DINNER KEY DRIVE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

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

[Signature]

Date

11/7/04

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 -	- DAVID SHEVITZ	SAME AS ABOVE	SAME AS ABOVE

600042637236
11/10/04--01046--014 **500.00

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]

DAVID SHEVITZ

11/7/04

Date

561-558-8850

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PS 2/12



GOLDSTEIN LEWIN & CO.

Certified Public Accountants and Consultants

November 3, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: David Shevitz, PA
TIN# 65-0958735
Form: 941 Period: June 30, 2002

Dear Sir or Madam:

We are the accountants for the above-mentioned taxpayer and were requested to respond on their behalf.

We respectfully request reinstatement of the above corporation and enclose a check in the amount of \$600.00 as required. The taxpayer subsequently moved during the year 2000 and did not receive the Uniform Business Report for year 2001. Due to the fact that they did not/have not file(d), the corporation has since been administratively dissolved as of September 21, 2001. Please reinstate the above corporation and adjust your records accordingly. Note the current address of the corporation as listed on Form CR2E081 attached.

If you have any questions or if we can be of assistance do not hesitate to contact us at your convenience. Thank you for your cooperation on this matter.

Sincerely,

GOLDSTEIN LEWIN & CO.
Certified Public Accountants and Consultants

Sheila Z. Bedikian
For the firm

Enc.

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