

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 24 PM 6:35

DOCUMENT # S74564

1. Corporation Name

LARRY P. LEVIN, M.D., P.A.

Principal Place of Business

Mailing Address

~~2000 N MILITARY TR~~
~~STE 230~~
~~BOCA RATON FL 33431~~
US

~~2000 N MILITARY TR~~
~~STE 230~~
~~BOCA RATON FL 33431~~
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

16244 S. Military Trail
Suite, Apt. #, etc.
Suite 420

16244 S. Military Trail
Suite, Apt. #, etc.
Suite 420

City & State
Delray Beach, FL

City & State
Delray Beach, FL

Zip
33484 Country
US

Zip
33484 Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

08/19/1991

5. FEI Number

65-0278963

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LEVIN, LARRY	2000 N MILITARY TRAIL STE 230	BOCA RATON FL 33431
D	Levin, Larry P.	16244 S. Military Trail Suite 420	Delray Beach, FL 33484
			200004678802--0 -11/14/01--01054--028 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEVIN, LARRY P

~~2000 N MILITARY TRAIL~~
~~STE 230~~
~~BOCA RATON FL 33431~~

Name

Larry P. Levin

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

16244 S. Military Trail, Suite 420

Suite, Apt. #, Etc.

Suite 420

City

Delray Beach

State

FL

Zip Code

33484

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.

Larry P. Levin

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/18/01

11. 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.

Larry P. Levin

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/01

Daytime Phone #

561-819-0960

LARRY P. LEVIN, M.D., P.A.
Diplomate, American Board of Orthopaedic Surgery
Fellow, American Academy of Orthopaedic Surgeons
Orthopaedic Surgery Sports Medicine Arthroscopic Surgery

October 18, 2001

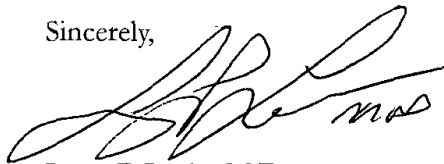
Department of State
Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: Reinstatement fee for FEI #65-0278963

Dear Sir or Madam:

Please find enclosed a check for \$150, as per my phone conversation with your office this morning, for the 2001 Corporation Reinstatement Fee. I apologize for the oversight on my part. I moved my office and had not been able to get my mail forwarded to the new location. Your assistance with this matter is greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Larry P. Levin', with a stylized flourish at the end.

Larry P. Levin, M.D.
Director, Larry P. Levin M.D., P.A.