

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V24843**

1. Corporation Name

LEVANA CORPORATION

REINSTATEMENT

Principal Place of Business

Mailing Address

8120 ANDERSON ROAD
C/O ART MART
TAMPA FL 33634-2318
US

8120 ANDERSON ROAD
C/O ART MART
TAMPA FL 33634-2318
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1992

5. FEI Number

59-3259248

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

900024189439
11/06/03--01050--016 **1500.00



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
P	SHERMAN, RANDALL M MR.	1728 CYPRESS CREEK ROAD	LUTZ FL 33559
D	SHERMAN, DIANE L MRS.	1728 CYPRESS CREEK ROAD	LUTZ FL 33559

8. Name and Address of Current Registered Agent

LEVINE, DENNIS J MR.
215 WEST VERN STREET SUITE D
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name

RANDALL SHERMAN

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

8120 ANDERSON RD.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33634

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/31/03

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/03

Date

813-884-5534

Daytime Phone #

CR2E040 (7/03)