

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V66739**

1. Corporation Name

**EMERALD HILLS SCHOOL, INC.**

Principal Place of Business

3201 STIRLING ROAD  
HOLLYWOOD FL 33021  
US

Mailing Address

3207 STIRLING ROAD  
HOLLYWOOD FL 33021

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

2. New Principal Office Address, If Applicable

**3801 N 47 Ave**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. **Hollywood**

Suite, Apt. #, etc.

City & State

**FL 33021**

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/28/1992**

5. FEI Number

**65-0366730**

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

PD

LEVIN, ROBIN

Street Address of Each  
Officer and/or Director

3201 STIRLING ROAD

City / State / Zip

HOLLYWOOD FL 33021

ST

LEVIN, MARVIN

3201 STIRLING ROAD

HOLLYWOOD FL 33021

8. Name and Address of Current Registered Agent

LEVIN, MARVIN

3201 STIRLING ROAD - **3801 N 47 Ave**  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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 REQUIRED**  
**MARVIN LEVIN**

REGISTERED AGENT MUST SIGN

Date

**1/6/03**

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 REQUIRED**  
**MARVIN LEVIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/6/03 954-964-9163**



**2002 UBR**

**FILED**

03 JAN 14 PM 2:07

SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

CR2040 (8/02)

# Emerald Hills Private School

To: Division of Corporations  
Re: Emerald Hills School, Inc.  
Reinstatement  
65-0366730

Please find attached our check for \$150.00 for reinstatement of our corporation: Emerald Hills School, Inc. The reinstatement notice is incorrectly addressed 3207 Stirling Rd, Hollywood fl, 33021. The correct mailing address is 3801 n 47<sup>th</sup> Ave, Hollywood Florida, 33021. As a result, we never received any previous notices.



Marvin Levin

1-6-03