


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 OCT 31 PM 12:32

DOCUMENT # **V72507**

1. Corporation Name  
**BARLEV 1489 CORP.**

Principal Place of Business	Mailing Address
1489 WEST PALMETTO PARK ROAD #499 BOX 123 BOCA RATON FL 33486	1489 WEST PALMETTO PARK ROAD #499 BOX 123 BOCA RATON FL 33486



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 **10/20/1992**

5. FEI Number **65-0392973**

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
PSD	LEVINE, BARBARA	1489 W. PALMETTO ROAD 499 BOX 123 <i>PARK</i>	BOCA RATON FL 33486
			300004695213--8 11/27/01--01051--022 ****158.75 ****158.75
			<i>[Signature]</i>

8. Name and Address of Current Registered Agent

**LITOW, CUTLER, ZAB, & ALLEN P.A.**  
~~777 BRICKELL AVE~~ **350 East Las Olas Blvd.**  
**SUITE 1200 1250**  
**MIAMI FL 33131 Fort Lauderdale, Fla. 33301**

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.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date **10/26/2001**  
 REGISTERED AGENT MUST SIGN

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]* **BARBARA LEVINE** Date **10/26/2001**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)



BARLEV 1489 CORP.

1489 W. Palmetto Park Road  
Boca Raton, Florida 33486  
(561) 394-5004 (561) 367-5050

October 26, 2001

TO: Division of Corporations  
ATT: Annual Report/Reinstatement Section  
TO WHOM IT MAY CONCERN:

My corporation and/or I, PRESIDENT OF THE  
corporation never received the Uniform Business  
Report prior to this "Notice of Administrative  
Dissolution or Revocation."

Per the instructions of a representative  
of the Reinstatement Section on this date,  
I am enclosing a check in the sum  
of \$158.75.

Thank you for your attention to this  
matter.

Very truly yours,  
*Barbara Levine as Pres. of the Corp.*

BARBARA LEVINE, PRES.  
BARLEV 1489 CORP.