

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

L00000013560
FILED
03 AUG 22 AM 9:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA
07/25/03--01021--001 \$42.50.00

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000013560

1. Limited Liability Company's Name

Lewis Properties, LLC

2. Principal Office Address

1111 Cape Coral Pkwy E.
Suite, Apt. #, etc.

3. Mailing Office Address

=> same
Suite, Apt. #, etc.

REINSTATEMENT

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified To Do Business in Florida

11-9-2000

6. FEI Number

65-1032932

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Top Florida Properties, LLC / Dorit Domayer

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

1111 Cape Coral Pkwy E.

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

REINSTATEMENT 2001-2003

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

7/15/03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mar.	Vicki Leivers	1111 Cape Coral Pkwy E.	Cape Coral, FL 33904
MEM	Mark Antony Pillsbury	same	same
MEM	Colin Henry Jackson	same	same
MEM	Lorraine Jackson	same	same
MEM	Dorit Ha Domayer	same	same

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

[Signature]

Date

7/15/03

Daytime Phone #

239-511-0877

Typed or printed name of signing Managing Member/Manager