

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -2 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001703

1. Corporation Name

Lewis & Associates, Inc!
dba Alternatives Natural Products

2. Principal Office Address

3256 SE Federal Hwy

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34997

Country

USA

3. Mailing Office Address

13241 Harbour Ridge Blvd

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

34990

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/17/1995

5. FEI Number

65-0624538

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3875 Additional Fee required
for a Certificate of Status

02-03 uor

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent No Change (signature not required)

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CPT	John H. Lewis	13241 Harbour Ridge Blvd	Palm City, FL 34990

10. 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:

John H. Lewis

4/29/2003

772-221-1661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)