

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAY -5 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

DOCUMENT #

G43036

1. Corporation Name

FRED LEWIS, INC.

Principal Place of Business

1495 MAYBART ROAD
ATLANTIC BEACH, FL. 32233

Mailing Address

12930 MT. PLEASANT AVENUE
JACKSONVILLE, FL 32225

REINSTATEMENT 99-00

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

2. New Principal Office Address, If Applicable

455 ATLANTIC BLVD.

Suite, Apt. #, etc.

City & State

ATLANTIC BEACH, FL

Zip

32233

Country

U.S.

3. New Mailing Office Address, If Applicable

455 ATLANTIC BLVD.

Suite, Apt. #, etc.

City & State

ATLANTIC BEACH, FL

Zip

32233

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/1983

5. FEI Number

59-2300494

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T	SUSAN JOY FROBOS	12930 MT. PLEASANT RD.	JACKSONVILLE, FL 32225
VP/s	RODNEY ALLEN LEWIS	3819 MIRVELLO CIR. S.	JACKSONVILLE FL
P/T	DAVID E. LEWIS	455 ATLANTIC BLVD.	ATLANTIC BEACH, FL 32233

100003296801--7
-06/20/00--01038--024
****908.75 ****908.75

8. Name and Address of Current Registered Agent

NOE, WILLIAM G., JR.
599 ATLANTIC BLVD.
ATLANTIC BEACH, FL. 32233

9. Name and Address of New Registered Agent

Name: WILLIAM A. QUATTROCCI, JR.
Street Address (P.O. Box Number is Not Acceptable):
333 FIRST STREET NORTH
Suite, Apt. #, Etc.: SUITE 305
City: JACKSONVILLE BEACH
State: FL
Zip Code: 32250

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

[Handwritten signature of William A. Quattrocci, Jr.]

REGISTERED AGENT MUST SIGN

Date

5/2/00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

[Handwritten signature of David E. Lewis] DAVID E. LEWIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/2/2000 (904) 241-3080
Daytime Phone #