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LIMITED LIABILITY REINSTATEMENT

LEWIS & ASSOCIATES MANAGEMENT, LLC

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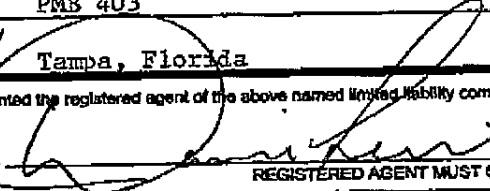
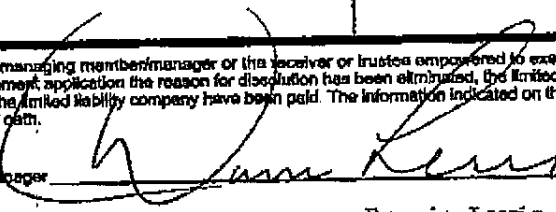
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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		01 NOV 13 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																	
DOCUMENT # L00000016031																																					
1. Limited Liability Company's Name LEWIS & ASSOCIATES MANAGEMENT, LLC																																					
2. Principal Office Address 911 Chestnut Street Suite, Apt. #, etc. City & State Clearwater, Florida Zip 33756		3. Mailing Office Address 16057 Tampa Palms Blvd. Suite, Apt. #, etc. PMB 403 City & State Tampa, Florida Zip 33647		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida December 22, 2000 6. FEI Number 59-3692104 7. CERTIFICATE OF STATUS DESIRED ☒																																	
				Applied For Not Applicable																																	
				\$5.00 Additional Fee required for a Certificate of Status																																	
8. Name and Address of Current Registered Agent Name Dannie Lewis Street Address (P.O. Box Number is Not Acceptable) 16057 Tampa Palms Boulevard Suite, Apt. #, Etc. PMB 403 City Tampa, Florida State FL Zip Code 33647																																					
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  Date 11/12/01 REGISTERED AGENT MUST SIGN																																					
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Title</th> <th>Name of Managing Member/Manager</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR P/S/T</td> <td>Lewis, Dannie</td> <td>16057 Tampa Palms Boulevard PMB 403</td> <td>Tampa, Florida 33647</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip	MGR P/S/T	Lewis, Dannie	16057 Tampa Palms Boulevard PMB 403	Tampa, Florida 33647																								
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MGR P/S/T	Lewis, Dannie	16057 Tampa Palms Boulevard PMB 403	Tampa, Florida 33647																																		
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 608.408, 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  Date 11/12/01 Daytime Phone# 813-632-0295 Typed or printed name of signing Managing Member/Manager Dannie Lewis, Manager																																					