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Florida Department of State
Division of Corporations
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01 NOV 13 SECRETARY OF STATE TALLAHASSEE, FLORIDA

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : JOHNSON, BLAKELY, POPE, BOKER, RUPPEL & BURNS, P.A.
Account Number : 076666002140
Phone : (727)461-1818
Fax Number : (727)441-8617

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LIMITED LIABILITY REINSTATEMENT

LEWIS & ASSOCIATES MANAGEMENT, LLC

Certificate of Status	1
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LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
01 NOV 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000016031

1. Limited Liability Company's Name

LEWIS & ASSOCIATES MANAGEMENT, LLC

2. Principal Office Address	3. Mailing Office Address
911 Chestnut Street	16057 Tampa Palms Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	PMB 403
City & State	City & State
Clearwater, Florida	Tampa, Florida
Zip / Country	Zip / Country
33756 / US	33647 / US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: December 22, 2000

6. FEI Number: 59-3692104 ☐ 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: 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

CR2E041 (9/00)

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
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 608.406, 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: _____ Date: 11/12/01 Daytime Phone #: 813-632-0295

Typed or printed name of signing Managing Member/Manager: Dannie Lewis, Manager