

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



DEPARTMENT OF  
REVENUE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000006741

Name and Mailing Address

02 DEC 31 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0000817 01 FP 0.352 \*\*PRST T3 0 0615 32808-300468



LEWIS SPECIALTIES, LLC  
3868 S. LAKE ORLANDO PKWY.  
ORLANDO FL 32808-3004

12/18/02 01035-006 \*\*150.00



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 3868 S. LAKE ORLANDO PKWY. ORLANDO FL 32808		<b>5. Date Organized or Qualified To Do Business in Florida</b> 04/20/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 59-3617848 <b>Applied For</b> Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> LEWIS, ANTONIO 3868 S. LAKE ORLANDO PKWY. ORLANDO FL 32808		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>10. 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.</b> Signature of Registered Agent <i>A. Lewis</i> Date <i>12-4-02</i> REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s) <i>Manager/Owner/President</i>	Name of Managing Members/Managers <i>Antonio Lewis</i>	Street Address of Each Managing Member/Manager <i>3868 S. Lake Orlando Pkwy</i>	City / State / Zip <i>Orlando, FL 32808</i>
<b>REINSTATEMENT</b> <i>2002</i>			
<i>1-03 ust</i>			

CR2E084 (8/02)

12. 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 *A. Lewis* Date *12-4-02* Daytime Phone # *407-295-7372*

Typed or printed name of signing Managing Member/Manager *Antonio Lewis*