

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

L02000001200 LEWIS FAMILY, L.L.C.

2. Principal Office Address - No P.O. Box #

4050 WEST TOMAHAWK DR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BEVERLY HILLS FL

City & State

Zip

34465

Country

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

FILED

2013 JUN -1 A 7 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400159476394

08/11/09--01032--002 **832.50

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name

NANNETTE M LEWIS

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

4050 WEST TOMAHAWK DR

Suite, Apt. #, Etc.

City

BEVERLY HILLS

State

FL

Zip Code

34465

E-mail Address:

400159476394

06/13/13--01012--005 **416.25

NANANDLOUIE@EMBARQMAIL.COM

(To be used for future annual report notices)

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

REGISTERED AGENT MUST SIGN

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	NANNETTE M LEWIS	4050 WEST TOMAHAWK DR	BEVERLY HILLS FL 34465
			400159476394 09/09/09--01019--002 **138.75

11. I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Signature

Member

Typed or

Title

Managing Member/Manager Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

F.S. I further certify that when filing section 608.406, F.S., and that all shall have the same legal effect as provided for in s.817.155, F.S.