

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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98-99 AR  
REINSTATEMENT  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L76026

1. Corporation Name

LEWIS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2201 NW 102ND PLACE #1  
MIAMI, FL 33172. SAME

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5/21/90

5. FEI Number

65-0200042

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES.	RICHARD C.B. LEWIS	4255 BRACANZA AVE	COCONUT GROVE, FL 33133
VP	POMY G. LEWIS	4255 BRACANZA AVE	COCONUT GROVE, FL 33133

300002819089--1  
-03/26/99--01004--018  
\*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

RICHARD C.B. LEWIS

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

2201 NW 102ND PLACE

Suite, Apt. #, Etc

#1

City

MIAMI

State

FL

Zip Code

33172

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/8/99

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

Yes ☒ No ☐

(See other side for information on filing for 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 individual's listed on this form do not qualify for an exemption under Section 119.07(3)(g), 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:

[Signature]

RICHARD C.B. LEWIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99

305-436-7984

Date

Dayton, Florida

L E W I S



INTERNATIONAL, INC.

2201 NW 102 PLACE, #1  
MIAMI, FL 33172 USA  
TEL: 305-436-7984  
TOLL FREE: 1-800-259-5062  
FAX: 305-436-7985

March 16, 1999

ATTN: STACY

FLORIDA DEPT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

DEAR STACY,

FURTHER TO OUR TELEPHONE CONVERSATION PLEASE FIND ATTACHED COMPLETED APPLICATION FOR REINSTATEMENT OF LEWIS INTERNATIONAL, INC, ALONG WITH CHECK #5774 IN THE AMOUNT OF \$300.00 FOR 1998 AND 1999 REPORT FEES.

PLEASE UPDATE OUR MAILING ADDRESS, SO FUTURE ANNUAL REPORT APPLICATIONS ARE RECEIVED.

THANK YOU FOR YOU ASSISTANCE.

KINDEST REGARDS,

RICHARD C.B. LEWIS  
PRESIDENT

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APPLICATION FOR REINSTATEMENT  
DIVISION OF CORPORATIONS

DOCUMENT # P97000088248

1. Corporation Name

AUTOMOTIVE SPECIALISTS OF ORANGE PARK, INC.

Principal Place of Business

811 SWINFORD CT  
ORANGE PARK FL 32065

Mailing Address

811 SWINFORD CT  
ORANGE PARK FL 32065

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/13/1997

5. FEI Number

59-34765411

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	CASCANTE, MARIA	811 SWINFORD CT	ORANGE PARK FL 32065
D	CASCANTE, VICTOR	811 SWINFORD CT	ORANGE PARK FL 32065
D	CASCANTE, GLADYS	811 SWINFORD CT	ORANGE PARK FL 32065

900002819079--2  
-03/26/99--01004--013  
\*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

CASCANTE, MARIA  
811 SWINFORD CT  
ORANGE PARK FL 32065

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Maria Cascante*

REGISTERED AGENT MUST SIGN

Date 1-29-99

11. This corporation owes or has paid 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:

*Maria Cascante*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-99

Date Signature