

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY OF THE STATE OF FLORIDA
COMMISSIONER OF REVENUE
REINSTATEMENT
L 99-8728

FILED
00 DEC -8 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT # L99-8728

1. Limited Liability Company's Name
Lewis Capital Holdings LLC

2. Principal Office Address
3641 W. Kennedy Blvd.
Suite, Apt. #, etc.
Unit B
City & State
Tampa, Florida
Zip 33609 Country Hillsborough

3. Mailing Office Address
same as #2
Suite, Apt. #, etc.
City & State
City & State
Zip Country

4. State/Country of Formation County of
State of Florida, Hillsborough

5. Date Organized or Qualified
To Do Business in Florida 1/01/00

6. FEI Number 59-3619782 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

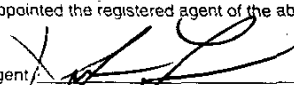
Name Sam F. Lewis 100003499651-1

Street Address (P.O. Box Number is Not Acceptable)
3641 W. Kennedy Blvd., Tampa 12/13/00-01055-018
****155.00 ****155.00

Suite, Apt. #, Etc. Unit B

City Tampa, State FL Zip Code 33609

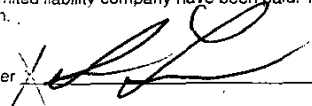
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date 12/04/00

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
MGRM	QAE Trading Inc.	Unit B 3641 W. Kennedy Blvd.	Tampa, FL 33609
MGR	Lewis Trading Inc.	Unit B 3641 W. Kennedy Blvd.	Tampa, FL 33609

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 12/04/00 Daytime Phone # 813/876-6399

Typed or printed name of signing Managing Member/Manager Sam F. Lewis, President-QAE-Trading Inc.