

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2014-2015



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000013863

1. Corporation Name

Lewis Sport Fishing, Inc.

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

401 Biscayne Blvd., Slip 9

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 565057

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33132

Country

USA

Zip

33256

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
Feb 08, 2000

5. FEI Number

65-0981105

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James Lewis

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

6690 SW 98 St

Suite, Apt. #, etc.

City

Miami

State

FL

Zip Code

33156

000273246980
05/22/15--01033--017 **\$300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date April 30, 2015

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	James Lewis	6690 SW 98 St.	Miami, FL 33156
SDVP	Holly Lewis	6690 SW 98 St	Miami, FL 33156

10. E-mail Address: holly@lewissportfishing.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2015

305-665-0426

Date

Daytime Phone

K. ASHTON

15/555 2015