

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000026719

1. Corporation Name

LEWIS TENDER CARE, INC.

Principal Place of Business

721 NORTH ORANGE ST.  
ST. AUGUSTINE FL 32085

Mailing Address

721 NORTH ORANGE ST.  
ST. AUGUSTINE FL 32085

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/07/2001

5. FEI Number

65-1084769

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	LEWIS, WENDY	721 NORTH ORANGE ST.	ST. AUGUSTINE FL 32085

800009023558  
11/15/02--01060--007 \*\*150.00

8. Name and Address of Current Registered Agent

LEWIS, WENDY  
721 NORTH ORANGE ST.  
ST. AUGUSTINE FL 32085

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

CR2E040 (802)

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. or 617.0505, F.S.

Signature of  
Registered Agent

Wendy M. Lewis  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/11/02

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., 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:

Wendy M. Lewis  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

904 501 3559  
11/11/02  
824.1920  
971115

November 8, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Please accept the enclosed 2002 Uniform Business Report for Lewis Tender Care, Inc., document # P01000026719 and a check for \$150.00. Lewis Tender Care, Inc. did not receive the 2002 Uniform Business Report and was unaware that the 2002 Uniform Business Report was not filed. Thank you for your assistance.

If you have any questions please call me at (904) 823-8661

Sincerely,

A handwritten signature in cursive script that reads "Wendy M. Lewis". The signature is written in dark ink and is positioned above the printed name.

Wendy Lewis, President