

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 27 AM 11:52

DOCUMENT # P01000113909

1. Corporation Name

Joseph M. Lewis Group Holdings, Inc.

W009-22528

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

1401 N. University Dr

Suite, Apt. #, etc.

Suite 301

City & State

Coral Springs FL

Zip

33071

Country

USA

3. Mailing Office Address

P.O. Box 16206

Suite, Apt. #, etc.

City & State

Plantation, Florida

Zip

33318

Country

USA

500155774685
05/11/09--01042--023 **450.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/2001

5. FEI Number
651156367

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

Henry W. Johnson JOHNSON & WATERS P.A.

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

1401 NORTH UNIVERSITY DRIVE

Suite, Apt. #, Etc.

SUITE # 301

City

CORAL SPRINGS, FLA.

State

FL

Zip Code

33071

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5-4-09

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
P/S	Samuel B. Lewis	PO Box 16206	Plantation, FL 33318
VP	Joseph M. Lewis	PO Box 16206	Plantation, FL 33318

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel B. Lewis, PRES

Date

MAY 29, 2009

Daytime Phone #

(954) 448 6261