

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000077667

1. Corporation Name

JAMES LEWELLEN, INC.

Principal Place of Business

Mailing Address

137 SUNWAY AVENUE  
SARASOTA FL 34237

137 SUNWAY AVENUE  
SARASOTA FL 34237

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

07/17/2002

5. FEI Number

54-2063965

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
PT, SD	JAMES LEWELLEN	137 SUNWAY AVENUE	SARASOTA, FL 34237

8. Name and Address of Current Registered Agent

LEWELLEN, JOYCE  
137 SUNWAY AVENUE  
SARASOTA FL 34237

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. or 617.0505, F.S.

Signature of  
Registered Agent

*James Lewellen*  
REGISTERED AGENT MUST SIGN

Date 11/4/03

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

*James Lewellen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/03 (941)321-7169

Date

Daytime Phone #

CR2E040 (7/03)

**JAMES LEWELLEN, INC.**  
**137 Sunway Avenue**  
**SARASOTA, FL 34237**

November 4, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Subject: Corporation Reinstatement  
Ref. Number: P02000077667

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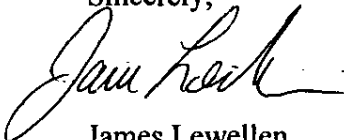
To Whom It May Concern:

We have just been informed that our corporation was administratively dissolved on September 19, 2003.

We have no record of having received the 2003 corporation Annual Report/Uniform Business Report form. We are therefore respectfully requesting abatement of the \$600.00 reinstatement fee for James Lewellen, Inc.

Thank you for your consideration in this matter. We have enclosed a check for \$150.00 as payment for the 2003 Uniform Business Report fee along with the application for Corporation Reinstatement.

Sincerely,



James Lewellen  
President