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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
37 AUG 24 PM 2:52

DOCUMENT # P02000114864

1. Corporation Name

KW & JC ENTERPRISES, INC.

2. Principal Office Address

664 SIOUX AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

Zip

Country

32935

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/02

5. FEI Number

57-1135079

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

KEITH W. LEWIS

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

664 SIOUX AVENUE

Suite, Apt. #, Etc.

200108883682

08/31/07--01008--027 **758 75

City

MELBOURNE

State

FL

Zip Code

32935

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]

Date

8/20/07

REGISTERED AGENT MUST SIGN

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
<u>PRESIDENT</u>	<u>KEITH W. LEWIS</u>	<u>664 SIOUX AVENUE</u>	<u>MELBOURNE, FL 32935</u>
<u>V. PRES.</u>	<u>JOANNE C. LEWIS</u>	<u>664 SIOUX AVENUE</u>	<u>MELBOURNE, FL 32935</u>

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH W. LEWIS

Date

8/20/07

Daytime Phone #

(321) 960-5837

CR2E081 (1/0/02)

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August 20, 2007

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Doc # P02000114864

To Whom It May Concern:

I have not received any notices since 2003, please waive reinstatement fee.

Thank you,



Keith W. Lewis

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