1 orz

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMI 1. Entity Name LEWIS ELEC	# P0400002 , INC.	429			FILED 05 OCT -5 PH 5: 58					
Principal Place of 25 NW 1ST STRE DEERFIELD BEAC	ET			Mailing Address 4110 EASTRIDGE CIRCLE POMPANO BEACH, FL 33064			SECKETA TALLAHASELE		1 8 2 / (1) (3.01)	
2. Principal Place	ess	3. Mailing Address	iling Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				VSIAI EN	B2E098 6/04	4-05 NO	
City & State			City & State		2FEI Numi	ವಿರ <u>ಾ</u> ಕ್ಕು ೩೧	T T T T T T T T T T	plied For t Applicable		
Zip	p Country		Zip Coun		ntry	5. Certificate of Status Desired S8.75 Additi- Fee Required				
Name and Address of Current Registered Agent					Name	7. Name an	nd Address of New Regist	ered Agent		
LEWIS, JOHNNIE-JR. – – – – – 4110 EASTRIDGE CIRCLE POMPANO BEACH, FL 33064					Street Address (P.O. Box Number is Not Acceptable)					
V					City			FL Zip Code	,	
8. The above name the obligations			r the purpose of changing it	s register	ed office or register	ed agent, or b	ooth, in the State of Florida.	I am familiar with, a	and accept	
SIGNATURE Signature required when reinstating) DATE										
		EE IS \$750.00 05, Fee will be \$900.0	0							
10.		OFFICERS AND		11.		ADDITIONS	S/CHANGES TO OFFICER	•		
		DHNNIE JR. TRIDGE CIRCLE	☐ Delete	TITL NAM STRI	1			☐ Change	Addition	
_	DMPANO	D BEACH, FL 33064		CITY	r-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS	.20 وابعاد ا	s, Johnnie	5. Delete	NAM	I			слапуе	Addition	
CITY-ST-ZIP TITLE	Der	Geld Beac	h, 4. 3344	CITY TITL	r-ST-ZIP E		.	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		• – …		AE EET ADDRESS /-SI-ZIP	10/	90005020 04/05-01010-			
TITLE NAME			☐ Delete	TITL	E			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				STRI	EET ADDRESS (+ST+ZIP					
TITLE NAME			☐ Delete	TITL NAM	·			☐ Change	☐ Addition	
STREET ADDRESS CATY-ST-ZIP					EET ADDRESS (-ST-ZIP		•			
TITLE			☐ Delete	TITL				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				SIR	EET ADDRESS Y-ST-ZIP					
of the corpora	ation or th on an atta	e receiver or trustee empo achment with an address, v	this filing does not qualify figure and accurate and that owered to execute this report with all other like empowered	t ás requ d.	ired by Chapter 60	ection 119.07(3 same legal eff 7, Florida Statu	ites; and that my name app	pears in Block 10 or	formation or director Block 11 if	
í		SIGNATURE AND TYPED ORP	RINTED NAME OF SIGNING OFFICE	A OU DIBEC	HOT		Date	Daytime Phone #	1	

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SOK

LEWIS ELECTRIC

Electrical Contractors • Licensed and Insured 192 N.W. 3rd Court Deerfield Beach, FL 33441 Pager 954-679-3364 • Warehouse 954-427-0508

DATE 9/29/2005
So whom it may concern
I did not receive notices of the annual report
Shark you
Shark you Johnsie feuri Jr.