

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

08 MAY 19 PM 3:42

DOCUMENT # P04000027230

1. Corporation Name

JOFFERE G. LEWIS, INC.

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

472 HOMER AVENUE

Suite, Apt. #, etc.

City & State

LONGWOOD

Zip

32750

Country

USA

3. Mailing Office Address

472 HOMER AVENUE

Suite, Apt. #, etc.

City & State

LONGWOOD

Zip

32750

Country

USA

500123280715
04/14/08--01051--003 **450.00

CR2E081 (12/07)

4. Date Incorporated or Qualified

To Do Business in Florida 2004

5. FEI Number

16 1694705

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

Paula Lewis

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

472 Homer Avenue

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32750

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

Paula Lewis

REGISTERED AGENT MUST SIGN

Date 4.8.08

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	JOFFERE G. LEWIS	472 HOMER AVENUE	LONGWOOD, FL 32750

REINSTATEMENT 06-08

500123280715
05/19/08--01022--003 **158.75

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

Joffer G. Lewis

4.8.08

Date

407.332.6851

Daytime Phone #