

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 29 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~P040004~~ P04000049107

1. Corporation Name

P. LEWIS ENTERPRISE INC.

~~W/19423~~

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

3429 NW 32nd ST.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

LAUDERDALE LAKES

City & State

SAME

Zip

33309

Country

BROWARD

Zip

SAME

Country

SAME

400176539204
04/29/10--01033--010 **150.00

400176539204
04/20/10--01020--026 **608.75

REINSTATEMENT 06-10
CB2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

04/2004

5. FEI Number

41-2132143

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

PAUL A PINNOCK

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

3429 NW 32nd ST

Suite, Apt. #, Etc.

City

LAUDERDALE LAKES

State

FL

Zip Code

33309

☒ 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

Paul A. Pinnock

Date 4.12.10.

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
DIR	PAULETTE D. LEWIS	3429 NW 32nd ST	LAUDERDALE LAKES 33309
RA	PAUL A PINNOCK	3429 NW 32nd ST.	LAUDERDALE LAKES, FL 33309
SEC	IAN A TUCKER	3429 NW 32nd ST	LAUDERDALE LAKES, FL 33309

10. E-mail Address: paldow2@aol.com.

(To be used for future annual report notification)

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. I further certify, 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: PAULETTE D. LEWIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.12.10