

2006 FOR PROFIT CORPORATION REINSTATEMENT

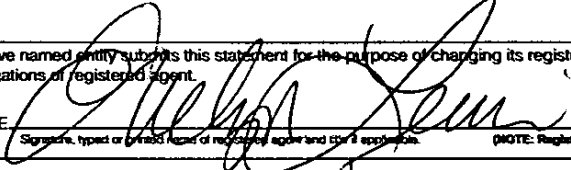
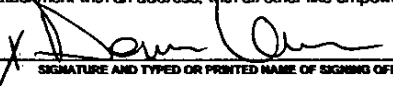
APPROVED
AND
FILED

06 JUN 20 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06132006 REIN-P CR2E098 (11/05)

DOCUMENT # P04000094401					
1. Entity Name LEWIS HAND LABOR TRUCKING, INC.					
Principal Place of Business 18110 US HWY 27 SOUTH SUITE 5 LAKE WALES, FL 33853			Mailing Address 18110 US HWY 27 SOUTH SUITE 5 LAKE WALES, FL 33853		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 300261039	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEWIS, SYLVIA Y 64 LINCOLN STREET FROSTPROOF, FL 33702			7. Name and Address of New Registered Agent Name Lewis, Evelyn Street Address (P.O. Box Number is Not Acceptable) 769 HUNT DRIVE City Lake Wales FL Zip Code 33853		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV LEWIS, DENNIS 769 HUNT DR LAKE WALES, FL 33853 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700076641407 06/27/06--01037--011 **308.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IRAIS LEWIS, EVELYN 769 HUNT DR LAKE WALES, FL 33853 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05-06 ase		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWIS, SYLVIA 64 LINCOLN STREET FROSTPROOF, FL 33843 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 6-13-06 (863) 676-1575		