

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

OS Rei

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FILED

05 NOV -3 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000144963

1. Entity Name  
ABDOMINAL TRAINING WHEELS, INC.



Principal Place of Business  
~~3800 UNIVERSITY BLVD. SOUTH, APT. 40~~  
~~JACKSONVILLE, FL 32216~~

Mailing Address  
~~3800 UNIVERSITY BLVD. SOUTH, APT. 40~~  
~~JACKSONVILLE, FL 32216~~

2. Principal Place of Business  
3281 University BLVD

3. Mailing Address  
N#241 Jacksonville FL, 32277

Suite, Apt. #, etc.  
#241

Suite, Apt. #, etc.  
#241

10192005

REIN-P

CR2E098 (6/04)

City & State  
Jacksonville FL, 32277

City & State

4. FEI Number  
59-3802339

Applied For  
Not Applicable

Zip  
32277

Country  
U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

LEWIS, TERRY L  
3800 UNIVERSITY BLVD. SOUTH, APT. 48  
JACKSONVILLE, FL 32216

## 7. Name and Address of New Registered Agent

Name LEWIS TERRY L SR.

Street Address (P.O. Box Number is Not Acceptable)  
3281 University BLVD, N#241

City JACKSONVILLE

FL

32277

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 *Terry Lewis Sr.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-24-05

FILE NOW!!! FEE IS \$750.00  
After January 1, 2006, Fee will be \$900.00

10-24-05

## 10. OFFICERS AND DIRECTORS

TITLE (OWNER) ☒ Delete  
NAME TERRY LEWIS  
STREET ADDRESS 3281 University Blvd.  
CITY-ST-ZIP JAX, FL, 32277

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500061137525  
CITY-ST-ZIP 11/03/05--01037--015 \*\*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Terry Lewis Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-05 (904)861-4606  
Date Daytime Phone #

2/2

TERRY LEWIS SR.

P04000144963 R  
ABDOMINAL TRAINING WHEELS, INC.  
3281 UNIVERSITY BLVD. NORTH  
APT. #241  
JACKSONVILLE FL 32277

TO whom it may concern,

MY names is TERRY LEWIS SR, I spoke with KATHY ASHTON, on 10-21-05 concerning, that I never receive a reinstatement form because of a address incorrection, she told me that the \$600.00 late fee would be waive and to sendd this letter with a correct address change on the form, I also included \$150.00 for reinstatement.

THANKS IN ADVANCE.

TERRY LEWIS SR.