

2006 FOR PROFIT CORPORATION REINSTATEMENT

10F2

FILED

2006 DEC 15 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12072006 REIN-P CR2E098 (11/05)

4. FEI Number
59-3802339

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, TERRY L
3281 UNIVERSITY BLVD., #241
JACKSONVILLE, FL 32277

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME LEWIS, TERRY
STREET ADDRESS 3281 UNIVERSITY BLVD., #241
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
700082573817
12/15/06--01047--004 **150.00

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: Terry Lewis, owner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-06 861-4606
Date Daytime Phone #

2082

To: Division of Corporation
P.O.Box 6327
Tallahassee, FL 32314

From: Abdominal Training Wheels INC,
3281 University Blvd, N #241
Jacksonville FL, 32277

The purpose of this letter is that I should have not been charge a late fee because (ATW), did not receive a re-instatement package this year or last.

I spoke to a representative she told me to send a letter just like I did last year, I also gave her my P.O. Box number as my new address. Thank you for your help.

Included with this letter is a check for a 150.00 dollar.

Terry Lewis Sr. president
(904)861-4606.

ps4000144963