

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 23 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000144963

1. Entity Name  
ABDOMINAL TRAINING WHEELS, INC.



Principal Place of Business  
3281 UNIVERSITY BLVD., #241  
JACKSONVILLE, FL 32277

Mailing Address  
3281 UNIVERSITY BLVD., #241  
JACKSONVILLE, FL 32277

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09182007

REIN-P

CR2E098 (1/07)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2008, Fee will be \$900.00**

## 10. OFFICERS AND DIRECTORS

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

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP

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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

Daytime Phone #

9-25-07

904 861-4606

22

OCT, 19, 07

Florida Department of State  
Secretary of State  
Division of Corporations

I did not receive a annual Report Statement, for 2007  
and I like for ~~The~~ Department of Division of Corporation  
To Waive the 750.00 reinstatement fee.

Terry Lewis  
Abdominal Training Wheels INC,  
3281 University BLVD N #241  
Jacksonville FL, 32277  
Cell # 861-4606  
H# 743-4054

ATTN: Tina C. [unclear]