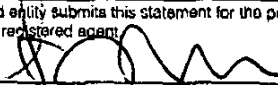
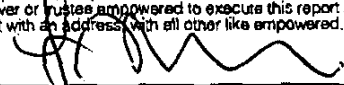


**2007 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P04000173250			
1. Entity Name LEWIS BUSINESS SERVICES, INC.			
Principal Place of Business 4804 W GANDY BLVD TAMPA, FL 33611 US		Mailing Address 4804 W GANDY BLVD TAMPA, FL 33611 US	
2. Principal Place of Business 3608 W Euclid Ave		3. Mailing Address 11	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State 11	
Zip 33629		Country US	
4. FEI Number 16-1713198		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent HUSSAIN, FAZIA 4504 W GANDY BLVD TAMPA, FL 33611		7. Name and Address of New Registered Agent Name Fazia Lewis Street Address (P.O. Box Number is Not Acceptable) 3608 W Euclid Ave City Tampa FL Zip Code 33629	
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 date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$900.00		700086472847 01/30/07--01005--019 **900.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUSSAIN, FAZIA 4804 W GANDY BLVD TAMPA, FL 33611 ☐ 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
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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 Daytime Phone #	