

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG -3 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000114013

1. Corporation Name

LEWINGTON ENTERPRISES INC

2. Principal Office Address - No P.O. Box #

12207 S ORANGE BLOSSOM TR

3. Mailing Office Address

12207 S ORANGE BLOSSOM TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32837

Country

USA

Zip

32837

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/2006

5. FEI Number
86-1175005

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

IAN LEWINGTON

Street Address (P.O. Box Number is Not Acceptable)

4002 SAN GALLO DR

Suite, Apt. #, Etc.

APT 102

City

ORLANDO

State

FL

Zip Code

34741

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 7-27-09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	IAN LEWINGTON	4002 SAN GALLO DR, APT 102	KISSIMMEE, FL 34741
VP	KERRY LEWINGTON	4002 SAN GALLO DR, APT 102	KISSIMMEE, FL 34741

REINSTATEMENT

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IAN LEWINGTON

Date 7-27-09

Date

Daytime Phone #

407 438 5568

RLH