

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P08000097747</b>						<b>FILED</b> 10 SEP 30 PM 12:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Entity Name <b>T. LEWEY INC</b>				Principal Place of Business <b>1348 UNIVERSITY BLVD N JACKSONVILLE, FL 32211 US</b>				Mailing Address <b>1348 UNIVERSITY BLVD N JACKSONVILLE, FL 32211 US</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
4. FEI Number <b>26-3635701</b>				Applied For <input type="checkbox"/> Not Applicable				09302010 REIN-P CR2E098 (1/07)	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent  <b>LEWEY, TORREY 12232 SAND LAKE COURT JACKSONVILLE, FL 32218</b>	
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: <u>288</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>9/30/10</u>									
<b>FILE NOW!!! FEE IS \$750.00 After January 1, 2011, Fee will be \$900.00</b>									
<b>10. OFFICERS AND DIRECTORS</b>					<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST LEWEY, TORREY 12232 SAND LAKE COURT JACKSONVILLE, FL 32218				TITLE NAME STREET ADDRESS CITY - ST - ZIP	400186085014 09/30/10--01005--016 **750.00			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT RLT 9/10				TITLE NAME STREET ADDRESS CITY - ST - ZIP	400186085014 09/30/10--01005--016 **750.00			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT RLT 9/10				TITLE NAME STREET ADDRESS CITY - ST - ZIP	400186085014 09/30/10--01005--016 **750.00			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT RLT 9/10				TITLE NAME STREET ADDRESS CITY - ST - ZIP	400186085014 09/30/10--01005--016 **750.00			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT RLT 9/10				TITLE NAME STREET ADDRESS CITY - ST - ZIP	400186085014 09/30/10--01005--016 **750.00			
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: <u>288</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									

EMAIL: TLEWEY@GMAIL.COM