

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 18 AM 8:00

DOCUMENT # P 93000022398

1. Corporation Name

Robert J. Lewis Enterprises, Inc.

2. Principal Office Address
12520 S.W. 84 Avenue Road

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip Country
33156 USA

3. Mailing Office Address
12520 S.W. 84 Avenue Road

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip Country
33156 USA

REINSTATEMENT 94-04
MCD

4. Date Incorporated or Qualified
To Do Business in Florida 03/22/1993

5. FEI Number
None

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
Kurt William Schneider

Street Address (P.O. Box Number is Not Acceptable)
12520 S. W. 84 Avenue Road

Suite, Apt. #, Etc.

City
Miami

State Zip Code
FL 33156

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

Kurt Schneider
REGISTERED AGENT MUST SIGN

Date 08 Feb 2004

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 |
|--------|--------------------------------------|---|----------------------|
| D | Kurt William Schneider | 12520 S.W.84 Avenue Road | Miami, Florida 33156 |
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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 under section 119.07(3)(i), 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:

Kurt Schneider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08 Feb 2004

Date

305-251-9695

Daytime Phone #

CR2E081 (01/04)