

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 14 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **p93000051509**

1. Corporation Name

Michael Lew Enterprises, Inc.

2. Principal Office Address

12 ALTA LOMA

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE FL

Zip

34952

Country

USA

3. Mailing Office Address

12 ALTA Loma

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE-FL

Zip

34952

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/1993

5. FEI Number

650424714

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

Michael S Lew

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

12 ALTA LOMA

Suite, Apt. #, Etc.

City

PORT ST. LUCIE

State

FL

Zip Code

34952

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

Michael Lew

REGISTERED AGENT MUST SIGN

Date **7/09/04**

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	Lew - Michael S	12 ALTA Loma	PORT ST LUCIE FL 34952

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:

Michael Lew

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/04
Date

772-873-8051
Daytime Phone #

CR20081 (07/04)

MICHAEL LEW

12 ALTQ LOMA
PORT ST. LUCI, FL 34952

PHONE (803) 225-0113

1-772-873-8051.

07/09/04

To Whom it may Concern,

Enclosed are the forms required to re-instate the Corporation.

I did not receive any forms for 2002 to process.

I wanted like the fees to be waived. Enclosed is payment of \$ 450.00 As instructed to send along with copy of re-instatement form. And the letter to waive the fees.

As per Telephone Conversation.

I Enclosed Copies of all the old information I had to re-instate. I am now my own agent. Mr Roy Wible has retired.

Thank You.

Michael Lew