

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 13 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000081354

1. Corporation Name

Dr. Lewis K. Curtwright, Inc.

2. Principal Office Address

P.O. Box 555669

Suite, Apt. #, etc.

City & State

Orlando, Fl.

Zip
32855

Country
USA

3. Mailing Office Address

826 Riverboat Circle

Suite, Apt. #, etc.

City & State

Orlando, Fl.

Zip
32855

Country
USA

REINSTATEMENT 01-04

**4. Date Incorporated or Qualified
To Do Business in Florida** 11/19/1993

5. FEI Number
59-3213932

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

Lewis K Curtwright

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

826 Riverboat Circle

Suite, Apt. #, Etc.

City

Orlando,

State
FL

Zip Code
32855

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

Lewis K Curtwright

REGISTERED AGENT MUST SIGN

Date

June 7 05

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
Pres	Lewis K Curtwright	826 Riverboat Circle	Orlando, Fl. 32855

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:

Lewis K Curtwright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lewis K Curtwright

Date

June (2) 05 (407) 718 0894

Daytime Phone #

CR2E081 (01/04)