

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 JUN 21 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000084462**

1. Corporation Name

D.R. LEWIS & ASSOCIATES, INC.

2. Principal Office Address

701 E. SECOND ST.

Suite, Apt. #, etc.

City & State

LYNN HAVEN FL

Zip

32444

Country

USA

3. Mailing Office Address

701 E. SECOND ST.

Suite, Apt. #, etc.

City & State

LYNN HAVEN FL

Zip

32444

Country

USA

REINSTATEMENT 96-02

4. Date Incorporated or Qualified
To Do Business in Florida

12-06-93

5. FEI Number

59-3213339

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

DAVID R. LEWIS

300006072563--4

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

701 E. SECOND STREET

06/27/02 01083-009

*****1650.00 ***1650.00**

Suite, Apt. #, Etc.

City

LYNN HAVEN

State

FL

Zip Code

32444

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **6/1/02**

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.	DAVID R. LEWIS	701 E. SECOND ST.	Lynn Haven FL 32444
VYST	DAVID R. LEWIS	701 E. SECOND ST.	Lynn Haven FL 32444
D	DAVID R. LEWIS	701 E. SECOND ST.	Lynn Haven FL 32444

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:

[Signature] **DAVID R. LEWIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/02 850 265 3000

Date

Daytime Phone #

CR2E081 (9/01)