

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000045331

1. Corporation Name

LEWIS ASAP, INC.

Principal Place of Business

6372 N W 38TH DR  
CORAL SPRINGS FL 33071  
US

Mailing Address

6372 NW 38TH DR  
CORAL SPRINGS FL 33071  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/13/1994

5. FEI Number

65-0495669

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| D             | LEWIS, ROBERT K                           | 6372 NW 38TH DRIVE                                     | CORAL SPRINGS FL        |
| VP            | LEWIS, JEFFREY R                          | 7373 WESCOTT TERRACE                                   | LAKE WORTH FL 33467     |
| S             | MARY KATHLEEN LEWIS                       | 6372 NW 38TH DR  | CORAL SPRINGS FL        |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

600004705786--8

-12/05/01--01041--003

\*\*\*\*400.00 \*\*\*\*400.00

8. Name and Address of Current Registered Agent

LEWIS, ROBERT-K  
6372 BNW 38TH DR  
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Robert K. Lewis

Robert K. Lewis

Date

10-31-01

REGISTERED AGENT MUST SIGN

11. 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:

MARY KATHLEEN LEWIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-31-01 954-753-2066

CR2E040 (8/01)

292

6372 NW 38 Drive  
Coral Springs FL 33067-3207  
October 31, 2001

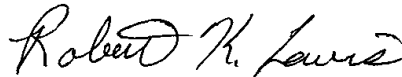
Mr. Sean Toner  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re: Document #P94000045331

Dear Sean Toner:

As per our recent telephone conversation, enclosed is my application for reinstatement and my check in the amount of \$400 to reinstate my corporation.

Sincerely,



Robert K. Lewis  
LEWIS ASAP, INC.