

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000051902

1. Corporation Name

LEW Enterprises, Inc.

2. Principal Office Address

3 Sugar Creek Court

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

32174

Country

USA

3. Mailing Office Address

3 Sugar Creek Court

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

32174

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/9/97

5. FEI Number

59-3458550

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

400011788924
02/04/03--01075--033 **1050.00

400011788924
02/04/03--01075--034 **8.75

7. Name and Address of Current Registered Agent

Name

Frank A. Sypniewski, Jr.

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

3 Sugar Creek Court

Suite, Apt. #, Etc.

City

Ormond Beach

State
FL

Zip Code

32174

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**

Frank A. Sypniewski, Jr.

Date

1/21/03

REGISTERED AGENT MUST SIGN

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
DPST	Frank A. Sypniewski, Jr.	3 Sugar Creek Court	Ormond Beach, FL 32174

REINSTATEMENT 01-03-03

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:

Frank A. Sypniewski, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/21/03

Daytime Phone #