

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 18 PM 12:15

DOCUMENT # P99000088952

1. Corporation Name

J.D. LEWIS, IV, P.A.

Principal Place of Business

1115 E. OCEAN BOULEVARD  
STUART FL 34996

Mailing Address

1115 E. OCEAN BOULEVARD  
STUART FL 34996



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/29/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0976704

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	LEWIN, J D IV	1115 E OCEAN BLVD	STUART FL 34996

600004659736--9  
-10/30/01--01088--001  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

LEWIS, J.D. IV  
1115 E. OCEAN BOULEVARD  
STUART FL 34996

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

REGISTERED AGENT MUST SIGN

Date

10/12/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/01

(561) 286-7861

LAW OFFICES OF  
**LEWIS,  
MORTELL  
&  
LEWIS**  
A PARTNERSHIP  
OF P.A.'S

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J.D LEWIS III, ESQ. • MICHAEL J. MORTELL, ESQ. • J.D LEWIS IV, ESQ.

October 12, 2001

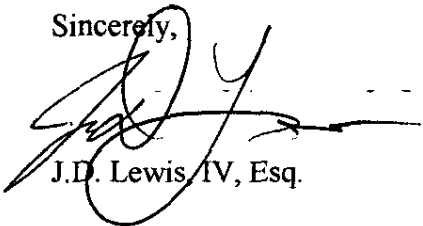
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

To whom it may concern:

Enclosed please find my check to the Department of Corporations for \$150.00. I phoned the Department of Corporations and was told that if I did not receive the initial notice to sign the enclosed form and send it back with a \$150.00 check. I did not receive the first notice for my annual report and uniform business report. I am a new attorney and I became incorporated in September of 1999. I work very closely with my accountant to make sure that I respond to any and all correspondence that comes from your department thus, also find the enclosed check for \$150.00.

If there is any question or concern, please do not hesitate to call my office or correspond by mail. I can be reached during the day at (561) 286-7861.

Sincerely,



J.D. Lewis IV, Esq.

JDL/wrm