

CORPORATION  
REINSTATEMENT

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

FILED

02 JAN 24 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000107130

1. Corporation Name

LEWIS TRADING INC.

2. Principal Office Address

402 West Shore

3. Mailing Office Address

same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Tampa, Florida

City &amp; State

Zip

33609

Country

Hillsborough

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/9/99

5. FEI Number

59-3619779

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75. Additional Fee required  
for a Certificate of Status

REINSTATEMENT 00-02

## 7. Name and Address of Current Registered Agent

Name

Andrew J. Lewis

300004884193-3

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

402 West Shore

-02/07/02--01006--001

\*\*\*1050.00 \*\*\*1050.00

Suite, Apt. #, Etc.

City

Tampa

State  
FL

Zip Code

33609

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

REGISTERED AGENT MUST SIGN

Date

1/17/02

## 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
P/VP/ S/T/D	Andrew J. Lewis	402 West Shore	Tampa, FL 33609

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: Andrew J. Lewis, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/02

813/287-1555

Daytime Phone #