

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -1 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K 28756

1. Corporation Name **LAWSON AND Co. Inc.**

2. Principal Office Address
12323 SW 55th ST

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
#1006

Suite, Apt. #, etc.

City & State
Cooper City FL

City & State

Zip Country
33330 Broward

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida **3/19/89**

5. FEI Number
65-0132423

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 **DANIEL LAWSON**

Street Address (P.O. Box Number is Not Acceptable)
8341 NW 23rd ST

900017809169

Suite, Apt. #, Etc.

05/01/03 01025 010 ***456.00

City **Pembroke Pines**

State Zip Code
FL 33024

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

Date **4/25/03**

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
Pres	William Lawson	8640 NW 19 th St ^{Pembroke Pines} FL 33024	Pembroke Pines, FL 33024
V.P.	Richard Lawson	8961 SW 6 th Ct	Plantation, FL 33324
V.P.	Cynthia Parisi	6731 NW 22 nd	MARGATE, FL 33063
Treas	Miguel Perez	5223 SW 128 th PL	Miami, FL 33175
Sec	DANIEL LAWSON	8341 NW 23 rd St	Pembroke Pines, FL 33024

10. I certify that I am an officer or director of 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:

DANIEL LAWSON

4/25/03

954-680-8403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

Medallion Paint & Decorating

12323 SW 55 St. • Suite 1006 • Cooper City, FL 33330
Tel: (954) 680-8403 • Fax: (954) 680-9281

To: Department of State, Corporations Division
From: Daniel Lawson @ Medallion Paint
Re: Reinstatement of Corporation

April 25th, 2003

To whom it may concern,

I am writing to have my Corporation reinstated. In August of 2000, my business moved and to the best of my knowledge I had filed a change of address on my last form. However, I did not receive the form the following year and without the form I did not remember to file.

I am enclosing a check for 450.00 to have my Corporation reinstated.



Daniel E Lawson, Medallion Paint

