FILED
03 JUN 24 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMP

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 188639

1. Corporation Name
THE DAWSON COMPANY

2. Principal Office Address	3. Mailing Office Address
VENUS STREET	P.O. BOX 144
Suite, Apt. #, etc.: P.O. BOX 144	Suite, Apt. #, etc.:
City & State: JUPITER, FL	City & State: PALM CITY, FL
Zip: 33458 Country: USA	Zip: 34991-0144 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/27/1955

5. FEI Number: 59-0759140 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CLYDE W. DAWSON

Street Address (P.O. Box Number is Not Acceptable): 5800 S.W. 61st DRIVE

Suite, Apt. #, Etc.:

REINSTATEMENT 01-03

City: PALM CITY State: FL Zip Code: 34990

JS

8. I, being appointed the registered agent of the above corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Clyde W. Dawson
REGISTERED AGENT MUST SIGN

Date: 6/24/03

CR2E081 (10/02)

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
T	DONNA DAWSON CANTRELL	19103 S.E. JUPITER RIVER DRIVE	JUPITER, FL
PD	CLYDE W. DAWSON	5800 S.W. 61st DRIVE	PALM CITY, FL 34990
VS	NANCY L. DAWSON	100 VENUS STREET	JUPITER, FL 33458

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: Clyde W. Dawson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clyde W Dawson, Pres.

6/24/03
Date

772.283.5922
Daytime Phone #

Page 2 of 2

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

THE DAWSON COMPANY

Certificate of Status	1
Certified Copy	0
Page Count	3
Estimated Charge	$1,058.75