

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # 272916**

1. Entity Name  
L.W. DUNSON & SON, INC.



**FILED**

07 MAR 23 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
400 EAGLE LOOP RD  
WINTER HAVEN, FL 33880

Mailing Address  
PO BOX 589  
WINTER GARDEN, FL 33882 US

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Post Office Box 589  
Suite, Apt. #, etc.

City & State  
Winter Haven, FL

Zip  
33882

Country



**REINSTATEMENT**

007

6. Name and Address of Current Registered Agent  
THORNHILL, BETTY D.  
612 TURNBERRY CT  
WINTER HAVEN, FL 33884

4. FEI Number  
59-1025396

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
Name  
Leslie W. Dunson, Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
129 Lake Florence Dr.  
City  
Winter Haven FL Zip Code  
33884

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Leslie W. Dunson, Jr.* PRESIDENT 3/12/07  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNSON, JR., LW 129 LAKE FLORENCE DR NO WINTER HAVEN, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700095821837 04/05/07--01010--011 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THORNHILL, BETTY D. 612 TURNBERRY CT WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/SST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leslie W. Dunson, Jr.* PRESIDENT 3/12/07 863-293-9889  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #