

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 27 AM 8:38

DOCUMENT # **430069**

1. Corporation Name

**Lawson Brothers Welding, Inc.
Bros.**

2. Principal Office Address

P.O. Box 409

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 409

Suite, Apt. #, etc.

City & State

Sydney, Florida

Zip

33587

Country

U.S.A.

City & State

Sydney, Florida

Zip

33587

Country

U.S.A.

REINSTATEMENT 99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/01/74

5. FEI Number

59-1485965

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

Homer Lawson, Sr.

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

3305 North Young Road

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33565

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

Homer M. Lawson

REGISTERED AGENT MUST SIGN

Date **9/25/00**

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	Homer Lawson, Sr.	3305 N. Young Road	Plant City, FL 33565
S/T	Norris W. Lawson	14924 Salem Church Rd.	Dover, FL 33527

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:

NORRIS W. LAWSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/00

Date

813-752-4258

Daytime Phone #

CR2E081 (9/99)