

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # G 12560

1. Corporation Name

LAWKO, INC.

Principal Place of Business

1717 Evergreen Avenue
Jacksonville, FL 32206

Mailing Address

1717 Evergreen Avenue
Jacksonville, FL 32206

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1550 Spearing Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
1550 Spearing Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32206

Country

USA

Zip

32206

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida December 3, 1982

5. FEI Number

59-2242245

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	DANIEL W. LAWLESS	5126 Ortega Boulevard	Jacksonville, FL 32210

200003026542--3
-10/27/99--01073--008
***1350.00 ***1350.00

10/26

8. Name and Address of Current Registered Agent

ROBERT C. KENT
168 South Myrtle Avenue
Jacksonville, FL 32204

9. Name and Address of New Registered Agent

Name
DANIEL W. LAWLESS
Street Address (P.O. Box Number is Not Acceptable)
1550 Spearing Street
Suite, Apt. #, Etc.
City
Jacksonville
State
FL
Zip Code
32206

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Daniel W. Lawless
DANIEL W. LAWLESS REGISTERED AGENT MUST SIGN

Date 10-14-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Daniel W. Lawless
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DANIEL W. LAWLESS, President

10-14-99
Date

(904) 353 1038
Daytime Phone #

CR2001 (12/98)