

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Morthart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M65078**

1. Corporation Name

The Lawson Group, Inc.

Principal Place of Business

REINSTATEMENT 1993-97

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

2. New Principal Office Address, If Applicable 1617 Bayhawk Lane Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable P.O. Box 5297 Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 1/19/1988	
City & State St. Augustine, FL		City & State St. Augustine, FL		5. FEI Number 59-286-7383	
Zip 32095	Country USA	Zip 32085-5297	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	Alec W. Lawson	172 Barberry Lane	Ponte Vedra Beach, FL 32082
S/D	Leigh B. Lawson	172 Barberry Lane	Ponte Vedra Beach, FL 32082
			700002234707--7 -07/10/97--01029--005 ***1410.00 ***1410.00
			700002234707--7 -07/10/97--01029--006 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

This corporation was administratively dissolved on 8/13/93. No further grounds for dissolution exist.

9. Name and Address of New Registered Agent

Name Paul Martz		
Street Address (P.O. Box Number is Not Acceptable) 3760 US 1 North		
Suite, Apt. #, Etc.		
City St. Augustine	State FL	Zip Code 32084

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **7/1/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alec W. Lawson, President

7/1/97

Date

904-823-1888

Daytime Phone #

CR2E040 (12/96)