

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000061489

1. Corporation Name

TRON DAWSON INC.

Principal Place of Business

19825 S.W. 264TH STREET
HOMESTEAD FL 33031

Mailing Address

P.O. BOX 901367
HOMESTEAD FL 33090

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/2000

5. FEI Number

65-1020852

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DAWSON, TRON	19825 S.W. 264TH STREET	HOMESTEAD FL 33031
			400005168964--0 -03/26/02--01039--015 ****900.00 ****900.00

REINSTATEMENT 01-0218

8. Name and Address of Current Registered Agent

PRACHER, DOUGLAS J
317 N. KROME AVENUE
HOMESTEAD FL 33030

9. Name and Address of New Registered Agent

Name

CHARLES R TURNER

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

28000 SW 132 AVENUE

Suite/Apt./Etc.

12

City

HOMESTEAD

State

FL

Zip Code

33033

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

Charles R Turner

REGISTERED AGENT MUST SIGN

Date

1-14-02

11. 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:

Tron Dawson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02

Date

305-248-6590

Daytime Phone #

CR2E040 (8/01)