

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 26 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000076244

1. Corporation Name
SONIA C. LAWSON P.A.

2. Principal Office Address
601 North Ashley

3. Mailing Office Address
P.O. Box 320901

Suite, Apt. #, etc.
Suite 210

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33602

Country
Hillsborough

Zip
33679

Country
Hillsborough

REINSTATEMENT

02-05

11/18/02 01046-021-750.00

4. Date Incorporated or Qualified
To Do Business in Florida

5.-FEI Number
59-3662451

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
Sonia C. Lawson

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

Suite, Apt. #, Etc.
Suite 210

City
Tampa

State
FL

Zip Code
33602

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

Sonia C. Lawson

Date January 18, 2005

REGISTERED AGENT MUST SIGN

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	Sonia C. Lawson	601 North Ashley Drive Suite 210	Tampa, FL 33602

700046419197
02/11/05--01017--008 **400.00

807045084148
01/20/05--01022--018 **50.00

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)(l), 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 *Sonia C. Lawson* Sonia C. Lawson President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 18 2005 (813) 221-8383
Date Daytime Phone #

CR2E081 (01/05)