

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000115989

1. Corporation Name

LAWTON BUSINESS SOLUTIONS, INC.

Principal Place of Business

667 CAMELLIA DRIVE
NORTH FORT MYERS FL 33903

Mailing Address

667 CAMELLIA DRIVE
NORTH FORT MYERS FL 33903

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/2001

5. FEI Number

65-1157787

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	4 City / State / Zip
PD	LAWTON, WILLIAM C	667 CAMELLIA DRIVE	NORTH FORT MYERS FL 33903

8. Name and Address of Current Registered Agent

LAWTON, WILLIAM C
667 CAMELLIA DRIVE
NORTH FORT MYERS FL 33903

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

William C. Lawton
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/23/02

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:

William C. Lawton
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02 (239) 931-0525
Daytime Phone #

CR2ED40 (8/02)

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Lawton Business Solutions

October 22, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To whom it may concern,

I just received notification that Lawton Business Solutions was in Administrative Dissolution.

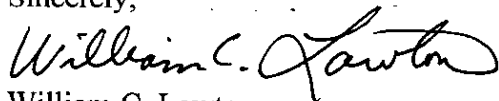
After checking my records, I noticed that on 4-19-02 our check payment for the annual Uniform Business Report for Lawton Business Solutions was cashed.

Today I called the Reinstatement section of your department and learned that I should have received a letter explaining that my Uniform Business Report was rejected due to the omission of our FEI number. I never received the referenced letter and would have certainly complied with such an easy request.

I have completed the attached Application for Reinstatement and have filled our FEI number in the appropriate place on the form. I would like to request that any additional fees and penalties that could be applied be waived and that Lawton Business Solutions be reinstated in a compliant and good status.

Thank you for your assistance with this matter. Should you need to contact me I may be reached at (239) 931-0525 8:30am – 5:00pm Monday through Friday.

Sincerely,



William C. Lawton
President