

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT -5 PM 2:02

DOCUMENT # P02000023328

1. Corporation Name

Lawson Home Team, Inc.

2. Principal Office Address

700 NE 90th Street

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Shores, FL

City & State

Zip

33138

Country

Zip

Country

REINSTATEMENT

03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

2/25/02

5. FEI Number

01-0649718

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

Steven K. Baird, P.A.

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

5981 NE 6th Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33137

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

Steven K. Baird, president  
REGISTERED AGENT MUST SIGN

Date 9/22/06

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
DPST	Susie Lawson	700 NE 90th Street	Miami Shores, FL 33138

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-757-1700

**STEVEN K. BAIRD, P.A.**

ATTORNEY AT LAW

2 of 2  
5981 NE 6<sup>th</sup> Avenue  
Miami, Florida 33137

Tel: (305) 757 6755  
Fax: (305) 757 6756  
SKBPA@CS.com

October 2, 2006

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

Re: Lawson Home Team, Inc.  
Corporation Reinstatement

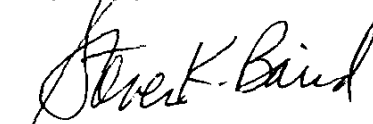
Ladies and Gentlemen:

Enclosed is the application for corporation reinstatement for Lawson Home Team, Inc. (the "Corporation"). Also enclosed is the Corporation's check in the amount of \$600 for the Corporation's 2003, 2004, 2005, and 2006 annual report and corporate supplemental Fees.

We hereby request that the Division waive the \$600 Reinstatement Fee for the Corporation's reinstatement. The sole reason that the Corporation did not timely file the annual reports and pay the annual fees during that period is that it did not receive the annual notices from the Division. The Corporation moved to a new address after its formation in 2002 and its mail was not forwarded from the old address. (The correct new address for the Corporation is reflected on the enclosed application.) .

If you cannot grant this request, please contact me at the address or telephone number above. Thank you for your attention and consideration.

Very truly yours,



Steven K. Baird

SKB:mjc  
encl.  
cc: Susan Lawson