

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED ..

2009 JUL -7 PM 6:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 004000119156

1. Corporation Name

CHRISTOPHER S. LAWTON, MD, P.A.

W09-29199

300158211993
07/07/09--01028--003 **450.00

REINSTATEMENT

2. Principal Office Address - No P.O. Box #

5550 N. OCEAN DR.

3. Mailing Office Address

- SAME -

Suite, Apt. #, etc.

PH - A

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL.

City & State

Zip

33404

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

AUG 17, 2004

5. FEI Number

57-1212578

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

~~CHRISTOPHER S. LAWTON~~ CHRISTOPHER LAWTON

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

5550 N. OCEAN DR.

Suite, Apt. #, Etc.

PH - A

City

WEST PALM BEACH

State

FL

Zip Code

33404

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Christopher S. Lawton
REGISTERED AGENT MUST SIGN

Date 9 JUNE 2009

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
PRESIDENT	CHRISTOPHER LAWTON	5550 N. OCEAN DR. PH - A	WEST PALM BEACH FLORIDA 33404

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.

CHRISTOPHER S. LAWTON

SIGNATURE:

Christopher S. Lawton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 June 2009
Date

(239)
8774701
Daytime Phone #