

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 FEB 27 AM 9:34

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO6000094676

1. Corporation Name

LAWSON'S LAWN SERVICE, INC.

W09-3371

800140988858  
01/16/09--01037--006 \*\*150.00

**REINSTATEMENT**  
CR2E081 (12/08)

07-09K5

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

6960 COTTON BOLL LA

Suite, Apt. #, etc.

City & State

NAVARRE, FL

Zip

32566

Country

USA

3. Mailing Office Address

PO Box 6537A

Suite, Apt. #, etc.

City & State

NAVARRE, FL

Zip

32566

Country

USA

4. Date Incorporated or Qualified  
to Do Business in Florida

07/13/2006

5. FEI Number  
20-5231971

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

JUDY M BAILEY

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

807 W GARDEN ST

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32502

☒ 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

Judy M Bailey EA  
REGISTERED AGENT MUST SIGN

Date 1/7/2009

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
PRES	DAVID LAWSON	<u>PO Box 6537</u>	NAVARRE, FL 32566
VPRES	REBECCA LEE LAWSON	<u>PO Box 6537N</u>	NAVARRE, FL 32566

800140988858  
02/27/09--01037--007 \*\*300.00

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 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:

David Lawson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID LAWSON

1-12-09

Date

(850) 218-4321

Daytime Phone #