

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State,
DIVISION OF CORPORATIONS

DOCUMENT # **PO9919**

1. Corporation Name
SLADE GORTON AND COMPANY INC., c.
dba CHARLES LEWIS AND COMPANY
5220

Principal Place of Business Mailing Address
5220 NORTH OCEAN DRIVE
HOLLYWOOD, FLORIDA 33019

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		4. Date Incorporated or Qualified To Do Business in Florida 04/25/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 04-2260523	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
PTD	MICHAEL C. GORTON	33 Oakland Avenue	Needham. MA.
SD	NATHANIEL M. GORTON	21 Hillside Road	Wellesley MA.
D	MARY JANE GORTON	37 Winford Way	Medford, MA.
D	KAREN SWIFT GORTON	33 Oakland Avenue	Needham, MA.
D	JOAN L. GORTON	21 Hillside Road	Wellesley, MA.

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DAVID POLL 5220 North Ocean Drive Hollywood, Florida 33019		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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.

Signature of Registered Agent Date **8/26/87**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: Date **8/26/87**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #