

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUL 24 AM 11:49

**DOCUMENT #** P09919

**1. Corporation Name**

Slade Gorton & Company Inc.  
dba Charles Lewis & Company Inc.

**2. Principal Office Address**

5220 North Ocean Drive

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33019

Country

Broward

**3. Mailing Office Address**

5220 North Ocean Drive

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33019

Country

Broward

**REINSTATEMENT** 48-06

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/31/84

**5. FEI Number**

04-2260523

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

David L. Poll

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

5220 North Ocean Drive

Suite, Apt. #, Etc.

City

Hollywood, FL

State  
**FL**

Zip Code

33019

300003341903-4  
-08/01/00--01048--003  
\*\*\*1050.00 \*\*\*1050.00

**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

Date 7/19/2000

REGISTERED AGENT MUST SIGN

**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
EXEC	Michael C. Gorton	225 Southamton Street	Boston, MA 02118-2724
Pres.	Wallace R. Stevens	225 Southamton Street	Boston, MA 02118-2724
Pres.	David L. Poll	5220 North Ocean Drive	Hollywood, FL 33019

**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 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:**

DAVID L. POLL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/19/00 954 920 6911