PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SERE TARY UTS FORM.

DIVISION OF CORPORATIONS

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

2022 APR -5 PM 12: 07

P19000067412 DOCUMENT # 1. Corporation Name

Lawson Consulting Services, Inc

7-0	44	[]	A - 4 - 4		17. 114. [1]	00356112 522-016-5	8967
2. Principal Office Address - No P.O. Box # 1097 Oswego Lane		3. Mailing Office Address 1097 Oswego Lane			07/0	CR2E081 (11)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			To Do Bu	orporated or Qualified usiness in Florida	
City & State		City & State		. []	8/19/2019 5. FETNUM	ber	Applied For
		The Villages					Not Applicable
32162	USA	Zip		aldy	6. CERTIFIC	ATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
	7. Name and Address o	f Current Registered	l Agent				
Nora K. Lav							
1097 Oswe	Box Number is Not Acceptable go Lane) 					
30m, Apr. #, 50.					ł		
The Villages			FI				
8. I, being appointed	the registered agent of the abo	ve named corporation	ı, əm familia	ar with and accept the o	bligations of sec	ction 607.0505 or 617.0503,	F.S.
Signature of Registerod Agent						Date	 _
0 10		EGISTERED AGENT					
9. Names and Stree	ot Addresses of Each Officer and	d/or Director (Florida i				1	
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip	
President	lora K. Laws	on 1	097	Oswego	Lane	The Villages,	Florida 32162
VP D	enny A. Law	son 1	097	Oswego	Lane	The Villages,	Florida 32162
RE.	INSTATE	MEN	į			APR 0 5 2022	
						R. HUNT	
^{10.} E-mail Addre	ess: NVLawson	2 outlook) id for future annual report	notification)		

11. 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., and that ell fees owed by the corporation have been paid. I further certify, the information fridicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:		3/14/2022	7082673309
	SIGNATURE AND TYPED OR PROFTED HAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone 8

RE: LÁWSON CONSULTING SERVICES INC

Wilson, Theresa R. <Theresa.Wilson@dos.myflorida.com>

Tue 3/15/2022 12:25 PM

To: Nora Lawson <noraklawson@outlook.com>

The \$238.75 was sent back to you. The 43.75 was for the revocation. If we go by when you did the voluntary dissolution You will charged \$400.00 to reinstate and the 150.00 for 2021 and 2022. You-will-need to send in \$700.00. File out paper reinstatement and send in \$700 together

Thanks,

Theresa Wilson

Annual Reports/Reinstatements/Fictitious Name Section

Division of Corporations

Department of State

Direct Dial: 850-245-6828

Email: Theresa. Wilson@dos.myflorida.com

From: Nora Lawson <noraklawson@outlook.com>

Sent: Monday, March 14, 2022 4:56 PM

To: Wilson, Theresa R. <Theresa.Wilson@dos.myflorida.com>

Subject: Re: LAWSON CONSULTING SERVICES INC

EMAIL RECEIVED FROM EXTERNAL SOURCE

The attachments/links in this message have been scanned by Proofpoint.

I have completed the form (attached) when I send it in, do I need to 750.00 in addition to what I have already paid?

Thanks again, I appreciate your help

Nora Lawson

From: Wilson, Theresa R. < Theresa. Wilson@dos.myflorida.com >

Sent: Monday, March 14, 2022 4:41 PM

To: Nora Lawson < noraklawson@outlook.com >

Subject: RE: LAWSON CONSULTING SERVICES INC

Yes please submit a paper reinstatement

From: Nora Lawson < noraklawson@outlook.com>

Sent: Monday, March 14, 2022 4:37 PM

To: Wilson, Theresa R. < Theresa. Wilson@dos.myflorida.com>

Subject: Re: LAWSON CONSULTING SERVICES INC

EMAIL RECEIVED FROM EXTERNAL SOURCE

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