

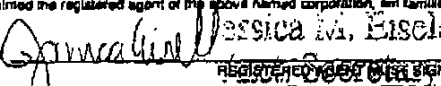
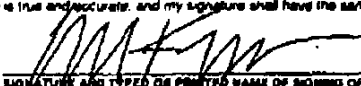
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>p92000015244</u>			
1. Corporation Name LAWTON RENTAL CORPORATION			
2. Principal Office Address - No P.O. Box # 4444 LAWTON		3. Mailing Office Address 4444 Lawton	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Detroit MI		City & State Detroit MI	
Zip 48208	Country USA	Zip 48208	Country USA
4. Date incorporated or Qualified To Do Business in Florida 12/30/1992			
5. FEI Number 59-3155839		Added For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒ 30-75 (Available only for corporations that are currently in Florida)			
☐ 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.			
7. Name and Address of Current Registered Agent			
Name CT Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation		State FL	Zip Code 33324
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.			
Signature of Registered Agent 		Date 2/1/08	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Dennis R. Kapp	4444 Lawton	Detroit, MI 48208
P-S-T	Dennis R. Kapp	Same	
10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when making this reinstatement application, the reason for dissolution has been withdrawn, the corporate name satisfies the requirements of section 807.0401 or 817.0401, F.S. that all fees owed by the corporation have been paid and the names of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: 		Dennis R. Kapp	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/1/08	Daytime Phone # 727-480-4226

REINSTATEMENT 03-08

20827

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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CORPORATION REINSTATEMENT

LAWTON RENTAL CORPORATION

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