

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG 27 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900004561329--7

DOCUMENT # P93000018899

1. Corporation Name
C.L. HAWTHORNE'S & SONS INC.

2. Principal Office Address

131 Commodore Drive

Suite, Apt. #, etc.

City & State

Jupiter, Florida

Zip

33477

Country

USA

3. Mailing Office Address

131 Commodore Drive

Suite, Apt. #, etc.

City & State

Jupiter, Florida

Zip

33477

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

March 12 1993

5. FEI Number

650409819

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

Corporation Services Company

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

1201 Hayes Street

Suite, Apt. #, Etc.

City

Tallahassee, FL. 32301

State

FL

Zip Code

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

Laura R. Dunlap

Laura R. Dunlap
as its agent

Date

8/27/01

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
Dir.	Charles F Hawthorne	131 Commodore Drive	Jupiter, Fl. 33477
Dir.	Linda B Hawthorne	131 Commodore Drive	Jupiter, Fl. 33477

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:

Charles F Hawthorne

Charles F Hawthorne

8-13-01 521-745-1496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



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ACCOUNT NO. : 072100000032

REFERENCE : 445586 7283244

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 300.00

ORDER DATE : August 27, 2001

ORDER TIME : 3:04 PM

ORDER NO. : 445586-005

CUSTOMER NO: 7283244

CUSTOMER: Mr. Charles F. Hawthorne
C.L. Hawthorne's & Sons Inc.
131 Commodore Drive

Jupiter, FL 33477

DOMESTIC FILINGS

NAME: C.L. HAWTHORNE'S & SONS INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EXT: 1156
EXAMINER'S INITIALS

[Handwritten Signature]