PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 DEC 19 PM 3:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000040382

1. Corporation Name

LAWNWOOD DEVELOPMENT COMPANY, INC.

Principal Place of Business
1500 N LAWNWOOD CIRCLE
FORT PIERCE FL 34982

Mailing Address
P O BOX 30954
PALM BEACH GARDENS, FL 33420

REINSTATEMENT 97/00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: MAY 10, 1996

5. FEI Number: ✓ Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	KEITH L. RAGON	P O BOX 30954 N/A	PALM BEACH GARDENS, FL 33420
STD	ELAINE L. OLSON	P O BOX 30954 N/A	PALM BEACH GARDENS, FL 33420

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****758.75 ****758.75

8. Name and Address of Current Registered Agent

JOHN T. BRENNAN, ESQ.
519 S. INDIAN RIVER DR.
FORT PIERCE FL 34950

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (12/96)

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: John T. Brennan
REGISTERED AGENT MUST SIGN
Date: 12/17/97

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: Keith L. Ragon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KEITH L. RAGON

Date: 12/17/97
Daytime Phone #: 561-624-2940