

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED  
 JUN 25 10 18 AM '97  
 TAMPA, FLORIDA

DOCUMENT # P97000057831

1. Corporation Name  
**GARY W. SAWYER, P.A.**

Principal Place of Business Mailing Address  
**Suite 200, 505 E. Jackson Street**  
**Tampa, Florida 33602**

*[Handwritten signature]*

**REINSTATEMENT 98-99**

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

2. New Principal Office Address, If Applicable **3526 S. Florida Avenue**  
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable **3526 S. Florida Avenue**  
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida **07/01/1997**

City & State  
**Lakeland, Florida**

City & State  
**Lakeland, Florida**

5. FEI Number  
**59-3582813**

Applied For  
 Not Applicable

Zip **33803**

Country **USA**

Zip **33803**

Country **USA**

6. CERTIFICATE OF STATUS DESIRED  **\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Gary W. Sawyer	3526 S. Florida Avenue	Lakeland, Florida 33803
S/T	Beverly P. Sawyer	3526 S. Florida Avenue	Lakeland, Florida 33803

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 \*\*\*\*\*900.00 \*\*\*\*\*900.00

8. Name and Address of Current Registered Agent

**Corporation Service Company**  
**1201 Hays Street**  
**Tallahassee, Florida 32301-2525**

9. Name and Address of New Registered Agent

Name **Gary W. Sawyer**  
 Street Address (P.O. Box Number is Not Acceptable) **3526 S. Florida Avenue**  
 Suite, Apt. #, Etc.  
 City **Lakeland,** State **FL** Zip Code **33803**

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 *[Signature]*  
**(Gary W. Sawyer)** REGISTERED AGENT MUST SIGN

Date **06/22/1999**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: *[Signature]* **(Gary W. Sawyer)**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **06/22/1999** Daytime Phone # **(941) 619-5899**

CR2E081 (12-98)