

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

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**

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

3. New Mailing Office Address, If Applicable

3526 S. Florida Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Lakeland, Florida

Zip

33803

Country

USA

Zip

33803

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1997

5. FEI Number

59-3582813

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 98-99

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

200002918912--1
-06/29/99--01068--010
******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

(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(Gary W.
Sawyer)**

06/22/1999

Date

(941) 619-5899

Daytime Phone #

CH2E081 (12/98)