

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 18 AM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000008225

1. Corporation Name

LAWMAR GROUP INC.

1931 NE 197 TERRACE
1931 NE 197 TERRACE

2. Principal Office Address

1931 NE 197 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33179

Country

USA

3. Mailing Office Address

1931 NE 197 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33179

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida 01/27/98**

5. FEI Number
65-0807644

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

REINSTATEMENT 03/04

7. Name and Address of Current Registered Agent

Name

IAIN LAWRIE

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

1931 NE 197 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33179

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 05-17-2004

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 |
|--------|--------------------------------------|---|--------------------|
| PSTD | IAIN LAWRIE | 1931 NE 197 TERRACE | MIAMI, FL 33179 |
| | | | |
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| | | | |
| | | | |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-17-2004

CR2E081 (01/04)

Lawmar Group, Inc.
1931 NE 197 Terrace
Miami Fl, 33179

Monday, May 17, 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom it May Concern:

Enclosed is a Corporation Reinstatement Form for Lawmar Group, Inc.. We would appreciate if you can reinstate the Company without penalties.

Enclosed is a check for \$900 covering the the years 1999 through 2004.

The Company moved its location and did not receive the documents required to renew the annual report.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Iain R. Lawrie', written over the printed name.

Iain R. Lawrie