

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2006 DEC 28 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000008225

1. Corporation Name

Lawmar Group, Inc.

2. Principal Office Address

1749 NE Miami Ct

3. Mailing Office Address

Same

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33132

Country

Dade

Zip

Country

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

**7. Name and Address of Current Registered Agent**

Name

Iain Lawrie

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

1749 NE Miami Ct

Suite, Apt. #, Etc.

201

City

Miami

State

FL

Zip Code

33132

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

Date

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
P	Iain Lawrie	1749 NE Miami CT	Miami, FL 33132

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 contained in Chapter 119, 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DEC 20th 2006

REINSTATEMENT

CR2E081 (12/05)

05-06

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12/28/06-01010-003 \*\*300.00

12/28/06