

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 AUG -6 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **S18069**

1. Corporation Name

LAWHON Body Shop INC

2. Principal Office Address

4185 woodville Hwy
Suite, Apt. #, etc.

3. Mailing Office Address

4185 woodville Hwy
Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32305

Country

Leon

Zip

32305

Country

Leon

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-13-1990

5. FEI Number

59-3057770

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

Donald wayde Lawhon

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

5220 Crawfordville Rd
Suite, Apt. #, Etc. **#6**

City

Tallahassee

State

FL

Zip Code

32310

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**

REGISTERED AGENT MUST SIGN

Date 8-6-01

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	Howard Dale Lawhon	8160 Tram Rd	TALL. FL 32305
V/P	Donald wayde Lawhon	5220 Crawfordville Rd	TALL. FL 32310

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 #

8-6-01 work 425 8049 877-1216

CR2E081 (9/00)