

122
PLEASE READ ALL INSTRUCTIONS BEFORE COMP.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 28 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S18069**

1. Corporation Name

Lawhous Body Shop Inc

100054203921
05/10/05--01038--006 **608.75

REINSTATEMENT 02-05
MRD

2. Principal Office Address

Donald W Lawhous

Suite, Apt. #, etc.

5220 Crawfordville Rd 32310

City & State

Tallahassee Florida

Zip

32310

Country

Leor

3. Mailing Office Address

4185 Woodville Hwy

Suite, Apt. #, etc.

City & State

Tallahassee Florida

Zip

32305

Country

Leor

4. Date Incorporated or Qualified
To Do Business in Florida

12-13-1990

5. FEI Number

593057770

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 W Lawhous

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

5220 Crawfordville Rd

Suite, Apt. #, Etc.

#6

City

Tallahassee Florida

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

[Signature]

Date **4-28-05**

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	Howard D Lawhous	8160 Tram Rd	TAL FL 32305
V/P	Donald W Lawhous	5220 Crawfordville Rd Lot #6	TAL 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald W Lawhous 4-28-05

Date

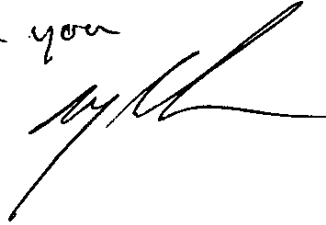
Daytime Phone #

850
877
1216

CR2E081 (01/05)

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I am so sorry I did not get the 2002 AR
in the mail, and did not know
that I was in need of this. Please Reinstate
my Corporation. Thank you

A handwritten signature in black ink, consisting of a stylized 'M' followed by a horizontal line.