

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S94292

1. Corporation Name

LAWHON ENTERPRISES INC

Principal Place of Business

18281 DURRANCE RD
FORT MYERS FL 33917
US

Mailing Address

PO BOX 50248
FT MYERS FL 33994
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 4097

City & State

City & State

N. FT. MYERS FL

Zip

Country

Zip

Country

33918-4097 US

5. FEI Number

65-0295208

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LAWHON, LAWLON K.	18281 DURRANCE RD	FORT MYERS FL 33917

400010395654
01/21/03--01079--018 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAWHON, LAWLON K.
18281 DURRANCE RD
FT MYERS FL 36917

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Lawlon K. Lawhon SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1-14-03

11. 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:

Lawlon K. Lawhon SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-14-03

Daytime Phone #

FILED

03 JAN 21 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2040 (8/02)

LAWHON ENT.

P. O. Box 4097
N. Ft. Myers FL
33918-4097

January 14, 2003

Dear Sir or Madam:

I did not receive any uniform business reports in 2002

Thank you,

Ken Lawhon
Director