

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 FEB 12 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 515079

1. Corporation Name

TROY LAMB WHOLESALE CO.

2. Principal Office Address

1171 ~~B~~ LAKESHORE BLVD.

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

Zip

33853

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

10-1-76

SP

5. FEI Number

59-1702335

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

TROY LAMB

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

1171 ~~B~~ LAKESHORE BLVD.

Suite, Apt. #, Etc.

City

LAKE WALES,

State

FL

Zip Code

33853

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

*Troy Lamb*

REGISTERED AGENT MUST SIGN

Date 2-08-2001

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
PD	TROY LAMB	1171 <del>B</del> LAKESHORE BLVD.	LAKE WALES, FL 33853
SD	GRACE M. LAMB	1171 <del>B</del> LAKESHORE BLVD.	LAKE WALES, FL 33853
D	JAMES T. LAMB	1171 <del>B</del> LAKESHORE BLVD	LAKE WALES, FL 33853
D	EDWARD LAMB	1171 <del>B</del> LAKESHORE BLVD.	LAKE WALES, FL 33853
D	MARILYN L. SCARBOROUGH	1171 <del>B</del> LAKESHORE BLVD.	LAKE WALES, FL 33853

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:

*Troy Lamb* TROY LAMB

Date

2-08-2001

(863) 676-2641

Daytime Phone #

CR2081 (9/00)