Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888)491-1120
Fax Number : (954)343-6962

LP/LLLP REINSTATEMENT

THE JAMES LAMBERT FAMILY LIMITED PARTNERSHIP

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

DOCUMENT # A07000001424

1. Name of Limited Partnership
THE JAMES LAMBERT FAMILY LIMITED PARTNERSHIP

CR2E039 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3015 NORTH OCEAN BLVD.	3015 NORTH OCEAN BLVD.
Suite, Apt. #, etc. STE. 121	Suite, Apt. #, etc. STE. 121
City & State FORT LAUDERDALE FL	City & State FORT LAUDERDALE FL
Zip 33308 Country US	Zip 33308 Country US

4. Date Formed or Registered To Do Business in Florida 12/26/2007

5. FEI Number ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee required for a Certificate of Status

6. Name and Address of Current Registered Agent

Name: GENE K. GLASER, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 100 W. CYPRESS CREEK ROAD

Suite, Apt. #, Etc.: STE. 700

City: FORT LAUDERDALE State: FL Zip Code: 33308

7. FEES:

Filing Fee(s): $411.25 for each year due this office.

Supplemental Fee(s): $88.75 for each year due this office.

Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records.

☑ A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. *By checking this box, you are certifying the prior notices were not received and requesting the $500 penalty fee(s) be waived.*

9. Pursuant to the provisions of section 620.1610 or 620.1906, Florida Statutes, I hereby accept the appointment of registered agent. *I am familiar with, and accept the obligations of Chapter 620, Florida Statutes*

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____
(REGISTERED AGENT MUST SIGN)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Number(s))	City, State and Zip Code	10a. Registration Document Number
DANIEL LAMBERT	3015 North Ocean Boulevard, Suite 121	Fort Lauderdale, Florida 33308	A07000001424
JAMES R. LAMBERT	3015 North Ocean Boulevard, Suite 121	Fort Lauderdale, Florida 33308	

REINSTATEMENT 08-09 GA

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, *Florida Statutes*. I release the Division of Corporations from any liability at non-compliance with Chapter 119, F.S. in the event that this information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a *General Partner* of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE 11-10-09

Typed or Printed Name of General Partner Signing Form _____ Telephone Number 954-491-1120