PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000005710

1. Limited Liability Company's Name
Thomas E. Lamb & Associates, LLC

2. Principal Office Address	3. Mailing Office Address
1510 South MacDill Ave.	604 Vanderbaker Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33629 Country: USA	Zip: 33617 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 04/12/2001

6. FEI Number: [ ] Applied For [✓] Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Shea Hughes

Street Address (P.O. Box Number is Not Acceptable): 604 Vanderbaker Road

Suite, Apt. #, Etc.:

City: Tampa State: FL Zip Code: 33617

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: X _____ Date: March 23, 2004

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Shea Hughes	604 Vanderbaker Road	Tampa, FL 33617
MGR	Thomas E. Lamb	1510 South MacDill Avenue	Tampa, FL 33629

03-04

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: _____ Date: 03/23/04 Daytime Phone #: 813/629-1478

Typed or printed name of signing Managing Member/Manager: Thomas E. Lamb, Manager

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FILED

Florida Department of State

Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT

THOMAS E. LAMB & ASSOCIATES, LLC

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