

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000080274

1. Limited Liability Company's Name LAMB'S PROPERTY SERVICES

FILED

09 NOV 19 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200162281752
11/17/09--01027--010 **282.50

2. Principal Office Address - No P.O. Box # 1481 SE LEGACY COVE CIR		3. Mailing Office Address 1481 SE LEGACY COVE CIR	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State STUART		City & State STUART	
Zip FL	Country USA	Zip FL	Country USA

4. State/Country of Formation FL / US	
5. Date Organized or Qualified To Do Business in Florida 08/15/05	
6. FEI Number 203521633	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name ALEXANDER LAMB			
Street Address (P.O. Box Number is Not Acceptable) 1481 SE LEGACY COVE CIR			
Suite, Apt. #, Etc. —			
City STUART		State FL	Zip Code 34997

☒ A \$100 reinstatement fee is imposed, 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 \$100 reinstatement be waived.

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 Alexander Lamb
REGISTERED AGENT MUST SIGN

Date 11/13/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	KENDALL LAMB	1481 SE LEGACY COVE CIR	STUART, FL 34997

REINSTATEMENT 08-09
DB

11. E-mail Address: LAMBSPROPERTYSVCS@GMAIL.COM

(To be used for future annual report notifications)

12. 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 Kendall Lamb

Date 11/13/09

Daytime Phone # 872-528-3148

Typed or printed name of signing Managing Member/Manager KENDALL LAMB