

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000010967

1. Corporation Name

The Association Of Lamb's Enterprises, Inc.

2. Principal Office Address

1155 9th Street S.W.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip
32962

Country

Indian River

3. Mailing Office Address

P.O. Box 6624

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip
32961

Country

Indian River

FILED

06 MAY 10 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

REINSTATEMENT 04-06

4. Date Incorporated or Qualified
To Do Business in Florida 2003

5. FFL Number
27-0093170

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Mrs. Gladys B. Lamb

Street Address (P.O. Box Number is Not Acceptable)
2443 2nd Court S.E.

Suite, Apt. #, Etc.

City
Vero Beach

State
FL

Zip Code
32962

600075381626
05/26/06 01055 010 ***35.75

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

Gladys B. Lamb
REGISTERED AGENT MUST SIGN

Date May 8, 2006

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
President	Bishop Gladys B. Lamb	2443 2nd Court S.E.	Vero Beach, FL
V/D	Gregory K. Wesley	2338 2nd Court S.E.	Vero Beach, FL
C/D	Sallie W. Wesley	2338 2nd Court S.E.	Vero Beach, FL
C/D	Harry L. Lamb	2443 2nd Court S.E.	Vero Beach, FL
		<i>095/17</i>	

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 contained in Chapter 119, 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:

Gladys B. Lamb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 8, 2006

Date

(772)562-9480

Daytime Phone #