PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT Secretary of Star DIVISION OF CORPORAT	te	SECRETARY OF STATE TALL A HASSE TORIDA 14 AUG -5 PH 3: 28
DOCUMENT # NO3000 1. Corporation Name New Lambs MI	0/10: 3 5 NISTY,INC		
		RE	INSTATEMENT 10-
2. Principal Office Address - No P.O. Box# 7035 Philips Hwy	3. Mailing Office Address 5ame		CR2E081 (11/10)
Suite, Apt. #, etc.	Suite, Apt. #, etc.		icorporated or Qualified Business in Florida Dec 15, 2003
Sacksonville, FL		5. FEIN	
32216 DUVAL	Zip Country	6. CERTIF	ICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name and Address of Current Registered Agent Name Willie MURRAY Street Address (P.O. Box Number is Not Acceptable) 8450 Gate Park way West Suite, Apt. #, Etc. 1509 City Sackson Ville State 210 Code FL 32216		Zip Code 08	500262988315 /05/1401010018 **9.00 500262988315 /05/1401010017 **481.25
8. I, being appointed the registered agent of the about Signature of Registered Agent Audit M	ove named corporation, am familiar with	n and accept the obligations of	Date Suly 28, 2014
Names and Street Addresses of Each Officer an Titles Name of		ions must list at least 3 director t Address of Each	
Officers and/or Directors		ATT 1509	Jackson Ville, Ft 32216
P Willie Murray 8450 gate Parkway i		PKWY MA 150	5 Jacksonville 71.32216
T Karayla Sylvan 1141 Kenchu Towner gackennille, 6, 32.		1 70W1 SV1 #22	Jacksomile, R37285
			AUG () 6 2014
			T. CARTER
11. I certify that I am an officer or director or the receiver reinstatement application, the reason for dissolution owed by the corporation have been result. I further of	ver or trustee empowered to execute the next has been eliminated, the corporate naterity, the information indicated on this	uture annual report notification) is application as provided for in ame satisfies the requirements of application is true and accurate	chapter 607 or 617, F.S. I further certify that when filing this of section 607.0401 or 617.0401, F.S., and that all fees, and my signature shall have the same legal effect as ind degree felony as provided for in s.817.155, F.S.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR