

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 11527

1. Corporation Name

LAMBDA DADE, INC.

2. Principal Office Address

317 NE 24th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33137

Country

3. Mailing Office Address

317 NE 24th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33137

Country

4. Date Incorporated or Qualified

To Do Business in Florida 10/10/1985

5. FEI Number

59-2617508

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Steven K. Baird, PA

Street Address (P.O. Box Number is Not Acceptable)

6301 Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 208

City

Miami

State

FL

Zip Code

33138

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

REGISTERED AGENT MUST SIGN

Date

11/25/02

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
P/D	Willden, Nye	317 NE 24th Street	Miami, FL 33137
V/D	Delgado, Victor	317 NE 24th Street	Miami, FL 33137
T/D	Ryan, Jack	317 NE 24th Street	Miami, FL 33137
S/T	Potoczniak, Michael	317 NE 24th Street	Miami, FL 33137

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/3/02

Daytime Phone #

305-754-
2090

CR2E081 (9/01)

STEVEN K. BAIRD, P.A.

ATTORNEY AT LAW

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Miami, Florida 33138

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December 4, 2002

Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Lambda Dade, Inc.

Ladies and Gentlemen:

Enclosed is an original and one copy of the application for corporation reinstatement for Lambda Dade, Inc. (the "Corporation"). Also enclosed is our check in the amount of \$306.25 for the Corporation's annual report and corporate supplemental fees for the years 1998-2002.

We respectfully request that the Division waive the \$175 Reinstatement Fee for this non-profit Corporation's reinstatement. The sole reason that the Corporation did not timely file its annual reports and pay the 1998-2002 annual fees is that the Corporation moved to a new address in late 1997 and its mail, including the annual forms from the Division, was never forwarded from the old address. (The correct new address for the Corporation is reflected on the enclosed application.) The Corporation's failure to file the annual reports and pay the annual fees came to our attention when the Corporation engaged me to work on an unrelated matter. Prior to sending this letter and the enclosed application, I discussed this matter with Mr. Joey Bryan of the Division, who suggested that we file the enclosed reinstatement application with the enclosed check and this request.

If you cannot grant this request, please contact me at the address or telephone number above. Thank you for your attention and consideration.

Very truly yours,



Steven K. Baird

SKB:mjc