

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000026009**

1. Corporation Name

JEFF LAMB GRADING, INC.

Principal Place of Business

3373 NW 10TH STREET
OCALA FL 34475

Mailing Address

PO BOX 400
MORRISTON FL 32668



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

18270 SE 42 PL

3. New Mailing Office Address, If Applicable

18270 SE 42 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MORRISTON FL

City & State

MORRISTON FL 32668

Zip

32668

Country

LEVY

Zip

32668

Country

LEVY

REINSTATEMENT **03**

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/2000

5. FEI Number

59-3624042

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	LAMB, JEFFERSON S	18270 42ND PLACE	MORRISTON FL 32668

400023856864
10/16/03--01054--017 **150.00

8. Name and Address of Current Registered Agent

LAMB, JEFFERSON S
18210 42ND PLACE
MORRISTON FL 32668

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/14/03

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/03 352) 239-3064

CR20040 (7/03)

10/14/03

TO WHOM IT MAY CONCERN,

PLEASE ACCEPT MY REINSTATEMENT
DUE TO NOT RECEIVING MY RENEWAL APPLICATION
I AM ASKING YOU TO PLEASE WAIVER ANYTAK
DISSOLUTION OF MY CORPORATION. ENCLOSED
YOU WILL FIND A CHECK FOR \$150.00

DOCUMENT NUMBER 900000026009
DBA: JEFF LAMB GRADING, INC.

THANK YOU J Lamb