

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC -9 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000004406

1. Corporation Name

N700RB, INC.

3045 OAK BEND
SAME

2. Principal Office Address

3045 OAK BEND

Suite, Apt. #, etc.

City & State

BOWLING GREEN, FL

Zip

33834

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

BOWLING GREEN, FL

Zip

Country

REINSTATEMENT

02-04

WOP

**4. Date Incorporated or Qualified
To Do Business in Florida** 01-08-2001

5. FEI Number
65-0967110

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

COLON LAMBERT

Street Address (P.O. Box Number is Not Acceptable)
3045 OAK BEND

Suite, Apt. #, Etc.

City

BOWLING GREEN, FL

State
FL

Zip Code
33834

700043610477

12/23/04--01028--007 **450 00

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

Colon Lambert

Date 12-06-2004

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|-------------------------|
| PD | COLON LAMBERT | 3045 OAK BEND | BOWLING GREEN, FL 33834 |
| V | BILLY M LAMBERT | 753 DAFFODIL ST | LAKE PLACID, FL 33852 |
| | | | |
| | | | |
| | | | |
| | | | |

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:

Colon Lambert

12-6-2004

863-735-0501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

2022

Manley & Associates, CPA's, P.A.

203 South Seventh Avenue, Wauchula, Florida 33873

863.773.6768 Fax: 863.773.4578

Certified Public Accountants

December 7, 2004

Florida Department of State
P O Box 6327
Tallahassee, FL 32314

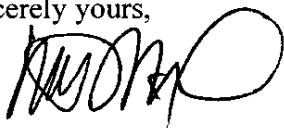
Dear sir or madam,

Following is a reinstatement form for N700RB, Inc.

The officers and registered agent did not receive the annual report forms due to an error in the address (which is corrected on this form). The lack of filing the forms was an innocent oversight of the company. We respectfully request the reinstatement fee of \$450.00 be accepted for the reinstatement. We apologize for the inconvenience caused by this innocent oversight.

Thank you for your consideration in this matter.

Sincerely yours,



Michael D. Manley, CPA