

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 4:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000009939

1. Corporation Name

JOE LAMBERTO, INC.

Principal Place of Business

96 ALLWORTHY ST.  
PORT CHARLOTTE FL 33948

Mailing Address

96 ALLWORTHY ST.  
PORT CHARLOTTE FL 33948

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/25/2001

5. FEI Number

65-1074020

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
OWNER	JOE LAMBERTO	96 Allworthy ST	PORT CHARLOTTE, FL 33954

800008584748

10/25/02--01014--008 \*\*158.75

10/21/02

8. Name and Address of Current Registered Agent

LAMBERTO, JOE  
96 ALLWORTHY ST.  
PORT CHARLOTTE FL 33948

9. Name and Address of New Registered Agent

Name

JOE LAMBERTO

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

96 Allworthy ST

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33954

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

JOSEPH G. LAMBERTO

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date Oct 21, 2002

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:

JOSEPH G. LAMBERTO

JOSEPH G. LAMBERTO

10/21/02

Date

941-624-5853

Daytime Phone #

941-697-0106

CR2E040 (8/02)

To whom it may Concern,

I am writing this letter  
as instructed stating  
that I did not receive  
the original notification  
for Renewal of my Corporation.

The only documents I received  
are the notice of administrative  
dissolution or revocation. As instructed  
I am sending in the customary  
fee of 150<sup>00</sup> + 8.00 for a certificate  
of Status.

Your understanding is greatly appreciated  
as I was unaware that this  
was late. If you have any questions  
please contact me at either  
941-697-0106 or 941-624-5853.

Thanks,  
Joe Lambert  
jepld@outlook.com