

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000035321

1. Entity Name  
LAWRENCE L. LEMBACH, INC.



Principal Place of Business  
3328 DUCK AVE.  
KEY WEST, FL 33040

Mailing Address  
3328 DUCK AVE.  
KEY WEST, FL 33040

FILED

04 DEC -2 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
3314 Riviera Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
3314 Riviera Dr.  
Suite, Apt. #, etc.

10202004 REIN-P CR2E098 (6/04)

City & State  
Key West, FL  
Zip 33040 Country

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Key West, FL  
Zip 33040 Country

4. FEI Number  
65-1097301  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ECKSTEIN, ALAN ESQ  
3010 FLAGLER AVE  
KEY WEST, FL 33040

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Alan Eckstein*

12-1-04

FILE NOW!!! FEE IS \$750.00  
After January 1, 2005, Fee will be \$900.00

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D.  
LEMBACH, LAWRENCE L JR  
3328 DUCK AVE.  
KEY WEST, FL 33040 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Lembach, Lawrence L Jr  
3314 Riviera Dr.  
Key West, FL 33040 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/04

Date

(305) 587 80 69

Daytime Phone #

REINSTATEMENT 04