

2005 AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 31 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P 010000 35321*

1. Corporation Name

Lawrence L. Lembach INC.

2. Principal Office Address

3314 Riviera Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

3314 Riviera Dr.

Suite, Apt. #, etc.

City & State

Key West, FL

City & State

Key West, FL

Zip

330 40

Country

Monroe

Zip

330 40

Country

Monroe

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

6510973049

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

Lawrence L. Lembach

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

3314 Riviera Dr.

Suite, Apt. #, Etc.

City

Key West, FL 330 40

State
FL

Zip Code

330 40

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *01/25/05*

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
<i>Director</i>	<i>Lawrence L. Lembach</i>	<i>3314 Riviera Dr.</i>	<i>Key West, FL 330 40</i>

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:

Lawrence L. Lembach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/25/05

Daytime Phone #

(305) 295 9425
(305) 587 8068

CR2E081 (01/05)