


2006 annual report

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2006 AR  
CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN 17 AM 8:46

DOCUMENT # P010000 35321

1. Corporation Name

Lawrence L. Lombach INC

2. Principal Office Address

3314 Riviera Dr.

Suite, Apt. #, etc.

City & State

Key West Fl.

Zip

33040

Country

Monroe

3. Mailing Office Address

3314 Riviera Dr.

Suite, Apt. #, etc.

City & State

Key West, Fl.

Zip

33040

Country

Monroe

CR2E081 (12/05)

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. Lombach

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

3314 Riviera Dr.

Suite, Apt. #, Etc.

City

Key West Fl. 33040

State

FL

Zip Code

33040

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

01/08/06

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
Director	Lawrence L. Lombach	3314 Riviera Dr.	Key West, Fl. 33040

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 contained in Chapter 119, 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. Lombach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/06

Date

(305) 292-6026

(305) 587-8068

Daytime Phone #

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