

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC -4 AM 8:01

DOCUMENT # P01000080926

1. Corporation Name

LAMBRIDES CONSULTING, INC.

Principal Place of Business

513 SW 10TH ST.  
FORT LAUDERDALE FL 33315

Mailing Address

513 SW 10TH ST.  
FORT LAUDERDALE FL 33315



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

2. New Principal Office Address, If Applicable

5001 DOVER ST NE  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5001 DOVER ST NE  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/16/2001

5. FEI Number

41-202-69-57

Applied For

Not Applicable

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

Zip

33703

Country

US

Zip

33703

Country

US

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIRECTOR	JOHN LAMBRIDES	5001 DOVER ST NE ST PETERSBURG FL 337	ST PETERSBURG FL 33703
DIRECTOR	PAUL LAMBRIDES JR.	5001 DOVER ST NE	ST PETERSBURG FL 33703

8. Name and Address of Current Registered Agent

LAMBRIDES, JOHN

513 SW 10TH ST.

FORT LAUDERDALE FL 33315

9. Name and Address of New Registered Agent

Name

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

5001 DOVER ST NE

Suite, Apt. #, Etc.

City

ST PETERSBURG

State

FL

Zip Code

33703

CR2040 (8/02)

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/07/02

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/07/02 954.554.2109

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5001 Dover Street NE St. Petersburg, FL 33703  
727.527.3367 [www.lcilightning.com](http://www.lcilightning.com)

November 8, 2002

To Whom It May Concern:

This letter is a request to waive the reinstatement fee in order to return a dissolved/revoked corporation back to active status. LCI did not receive the UBR Notices.

We have changed our address and the incorrect address is showing on the package recently received. This package was forwarded to our new address but the other UBR Notices were never received.

Thanks in advance.

Regards,

A handwritten signature in black ink, appearing to read "John Lambrides", is written over the typed name.

John Lambrides

**LCI**

954.554.0109