PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 FEB 26 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000030133

1. Corporation Name
Errands & More

REINSTATEMENT 03-04

200028732872
02/13/04--01035--009 **300.00

2. Principal Office Address	3. Mailing Office Address
2719 De Soto Drive	(Same)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar, FL	City & State
Zip: 33023 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 3/19/2002

5. FEI Number: 04-3629004 ☐ 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: Leez Lambert

Street Address (P.O. Box Number is Not Acceptable): 2719 De Soto Drive

Suite, Apt. #, Etc.:

City: Miramar, State: FL Zip Code: 33023

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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PT	Leez Lambert	2719 De Soto Drive	Miramar, FL 33023
VS	Victor Lambert	(same)	(same)

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: X Leez Lambert President 2-21-04 954-483-4123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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2004

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name
Errands & More

2. Principal Office Address	3. Mailing Office Address
2719 De Soto Drive	(Same)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar, FL	City & State
Zip: 33023 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 3/19/2002

5. FEI Number: 04-3629004 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

NOTE: Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: Leez Lambert

Street Address (P.O. Box Number is Not Acceptable): 2719 DeSoto Dr.

Suite, Apt. #, Etc.

City: Miramar, State: FL Zip Code: 33023

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: X Leez Lambert REGISTERED AGENT MUST SIGN Date: 2-2-04

CR2E031 (10/02)

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
PT	Leez Lambert	2719 DeSoto Dr.	Miramar, FL 33023
VS	Victor Lambert	(Same)	(Same)

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: X Leez Lambert, President 2-2-04 954-450-423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #