@ MAHANAR MAY 7 2007

2007 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEWIE	IN I	1		FILED			
DOCUMENT # P03000147946			<i>\$</i> /	,			
Entity Name LAMBER US, INC.				7 MAY -7 PM 4	: 42		
			7	SECRETARY OF S LLAHASSFE, FL	TATE.		
Principal Place of Business Mailing Add	dress		TÀ	ELAHASSEE, FL	ORIDA		
	TH OAK AVENUE						
BARTOW, FL 33830 US BARTOW,	FL 33830 US			dalpa sura aara aasti balai etku biat	1 18 4/4 78/11 84848 8 3 4		
2. Principal Place of Business - No P.O. Box # 3. Mailing A	Address						
320 Mocking bird Occ 320	Mockinebi	rd Cd.					
Suite, Apt. #, etc. Suite, Ap	it. #, etc.		10 rs rs 30 dr 1	WALL A	igoge (Teta)	(F)	
City & State City & Sta		- /	4. FEI Numbe		27925 Not	olied For	
Zip Country Zip	Cour		5 Contificate	of Status Desired	\$8.75 Addi	tional	
6. Name and Address of Current Registered Ag	3891 ₀ 120	yrecl St	otes.	Address of New Registere	Fee Required ed Agent	<u> </u>	
CENTRAL FLORIDA VISA GROUP, INC. 590 SOUTH OAK AVENUE			Street Address (P.O. Box Number is Not Acceptable)				
BARTOW, FL 33830							
		City		F	Zip Code)	
8. The above named entity submits this statement for the purpose of	of changing its register	ed office or regi	istered agent, or bot			and accept	
the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	. (NOTE: Register	red Agent signature re	required when reinstating)	DAT	E		
				In accordance with a G		- C the	
FILE NOW!!! FEE IS \$300.00				In accordance with s. 6 corporation did not reco			
10. OFFICERS AND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFICERS A	ND DIRECTORS	IN 11	
TITLE P NAME COOK, DION	☐ Delete TITL	E C	ے ممالا (ع) نام		Change Change	Addition	
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CITY-ST-ZIP BARTOW, FL 33830 US	Delete TITL	1-31-211 q2	buenpo	c+, FL 33	896 □ Change	Addition	
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NAME STREET ADDRESS	NAM STR	ME REET ADDRESS					
CITY-ST-ZIP		Y-ST-ZIP			<u>.</u>		
12. I hereby certify that the information supplied with this filing doe indicated on this report or supplemental report is true and accu- of the corporation or the receiver or trustee empowered to exec- changed, or on an attachment with an address, with all other file	urate and that my signa oute this report as requ	ature shall have :	the same legal effect	at as it made under oath; that	it I am an officer	or director	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING OFFICER OR DIREC	CTOR		Date	Daytime Phone #		

LAMBER US, INC. 320 MOCKINGBIRD ROAD DAVENPORT, FL 33896

April 26, 2007

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To Whom It May Concern:

We are remitting with the enclosed Corporation Reinstatement Form a check in the amount of \$308.75, representing the filing fees due for 2006 & 2007 of \$150.00 each year and \$8.75 for a Certificate of Status.

Please abate all late filing penalties, as we never received the 2006 Uniform Business Report (UBR) from your department and were not aware of administrative dissolution until examining the Division of Corporations website.

Sincerely,

Dion Cook President

Lamber US, Inc.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Street Address (P.O. Box Number is Not Acceptable) 23 85 Executure Center Suite And # Fig. Circumstances which the entity did not receing the prior notices. By checking this box, you are certifying the prior notices were notices.	For icable			
Foundation, Tac. 2. Principal Office Address - No P.O. Box # 183. 75 Carried Address - No P.O. Box # 183. 75 Carried Address - No P.O. Box # 183. 75 Suite, Apt. #, etc.	or icable			
2. Principal Office Address - No P.O. Box # 3. Malling Office Address Sanc ' Sanc ' Sanc ' Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida Applied F To Do Business in Flori	or icable			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida 2/11/04 5. FEI Number 2007 680 48 Not Applied F 20	or icable			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida 2/11/04 5. FEI Number 2007 680 48 Not Applied F Not Applie	icable equired			
City & State Country	icable equired			
Zip Country 33498 Palm Beach 7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 23 85 Executure Center Suite, Apt. #, Etc. City Saa Rafan Country Country 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee refor a Certificate of State of Stat	icable equired			
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Country Country 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee refor a Certificate of St. The reinstatement fee is imposed, except circumstances which the entity did not receing the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. City & Rafan State Zip Code FL 3343/				
Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City San Ratan The reinstatement fee is imposed, except circumstances which the entity did not receing the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
Street Address (P.O. Box Number is Not Acceptable) Z3 B5 Executure Center Suite, Apt. #, Etc. City State State State State FL 3343/ The reinstatement fee is imposed, except circumstances which the entity did not receing the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
Street Address (P.O. Box Number is Not Acceptable) 2385 Executure Center Suite, Apt. #, Etc. 190 City State State Zip Code FL 3343/ State Zip Code State Zip Code State Sta	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you			
Suite, Apt. #, Etc. (90 City				
State State Zip Code FL 3343/	received and requesting the reinstatement			
Signature of Registered Agent Date 5/3/67 REGISTERED AGENT MUST SIGN	_			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip				
D,P Robert Topchik 10217 Spy Glass Way Boca Ratum. Fl 334	192			
DST Phyllis Topchik "	8.			
D Meryl Topchik "	*•			
P David Topchik				
D Alen Tupchik " MIS/7				
D John Toochix "				
10. I certify that I am an officer of 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 filling 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 fee owed by the corporation have been ped and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicates	es			
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayline Phone #	· 1			