

2 of 2

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

April 26, 2007

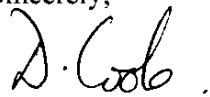
Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAY 7 AM 11:51
STATE
ALLIANCE, FLORIDA

DOCUMENT # **N04000001445**
1. Corporation Name
The Robert and Phyllis Topchik Family Foundation, Inc.

000103287220
05/25/07--01020--018 **183.75
REINSTATEMENT 05-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
10217 Spyglass Way
Suite, Apt. #, etc.

3. Mailing Office Address
"Same"
Suite, Apt. #, etc.

City & State
Boca Raton, FL

Zip Country
33498 Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida **2/11/04**

5. FEI Number **200768048** 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 **Seth Ellis**


Street Address (P.O. Box Number is Not Acceptable)
2385 Executive Center

Suite, Apt. #, Etc.
190

City State Zip Code
Boca Raton FL 33431

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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.

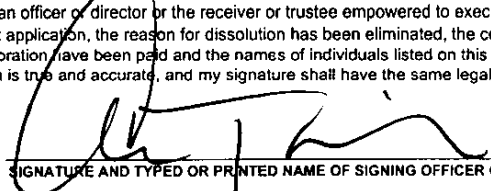
Signature of Registered Agent  Date **5/3/02**

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,P	Robert Topchik	10217 Spy Glass Way	Boca Raton, FL 33498
D,ST	Phyllis Topchik	"	"
D	Meryl Topchik	"	"
D	David Topchik	"	"
D	ALAN Topchik	" MS/7	"
D	JOHN Topchik	"	"

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:  **5/3/02** **959-605 3811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #