CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P040000 10769 1. Corporation Name Kristo pher J. Lambert In C. 2. Principal Office Address - No P.O. Box # J. Mailing Office Address II 440 Bob white Blud II 410 Bob white Blud REINSTATEMENT (b) City & State Lees burg FL Zo Governity 3-4788 U.S. 7. Name and Address of Current Registrated Agent Name The Company of the Blud Registrated Agent Name The Company of the Blud Registrated Agent Name The Company of the Blud Registrated Agent Name Show Address of Common Registrated Agent The reinstatement fee is imposed, except in circumstances which the entity did not recoive the prior notices. By charge the prior notices were not received and requesting the reinstatement fee be waived. The reinstatement fee is imposed, except in circumstances which the entity did not recoive the prior notices. By charge the prior notices were not received and requesting the reinstatement fee be waived. The reinstatement fee is imposed, except in circumstances which the entity did not recoive the prior notices. By charge the prior notices were not received and requesting the reinstatement fee be waived. The reinstatement fee is imposed, except in circumstances which the entity did not recoive the prior notices. By charge the prior notices were not received and requesting the reinstatement fee be waived. The reinstatement fee is imposed, except in circumstances which the entity did not recoive the prior notices. By charge the prior notices were not received and requesting the reinstatement fee be waived. The reinstatement fee is imposed, except in circumstances which the entity did not recoive the prior notices. By charge the prior notices were not received and requesting the reinstatement fee be waived. The results of the prior notices were not received and requesting the reinstatement fee be waived. The replacement of the above rained corporations must set at least 3 directors. The results of the prior	PLEASE READ ALL IN	STRUCTIONS BEFORE C	OMPLETI	NG THIS TORM.
1. Corporation Name Kristopher J. Lambert In C. 2. Principal Office Address - No P.O. Box # J. Mailing Office Address 13/11/08-01012-005 **450.00 1. 410 Bobwhite Blud 1410 Bobwhite Blud 15 03/11/08-01012-005 **450.00 REINSTATES 15 03/11/08-0101	CORPORATION	Secretary of State		
2. Principal Office Address No P.O. Box # 140 Bob white Blud 1140	1. Corporation Name			
Name Kristo pher J. Lambert Street Address (P.O. Box Number is Not Acceptable) Ittlo Babwhite Blud Sulte, Apt. #, Etc. City Lees burg B. I. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Name of Officers and/or Directors Name of Officers and/or Directors Vital Pack Titles Name of Officers and/or Directors Vital Pack 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. State Zip Code FL 34 1 88 Date 2-27-08 Street Address of Section 607.0503 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Street Address of Each Officer and/or Directors City / State / Zip	11410 Bobwhite Blud 114 Suite, Apt. #, etc. Suite, Ap City & State Lees burg FL Zip O Country Zip	10 Bobwhite Blud ot. #, etc. tate	4. Date Incorp To Do Busin	103-01012-005 **450.00
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 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 Officers and/or Directors Street Address of Each Officer and/or Director (City / State / Zip	Name Kristopher J. Lambert Street Address (P.O. Box Number is Not Acceptable) 11410 Bobwhite Blud Suite, Apt. #, Etc. City State Zip Code		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	
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip	8. I, being appointed the registered agent of the above named Signature of Registered Agent Mustophor	- I mlut	oligations of section	
Officers and/or Directors Officer and/or Director City / State / Zip	9. Names and Street Addresses of Each Officer and/or Director	r (Florida nonprofit corporations must list at le	ast 3 directors)	
				City / State / Zip
	P Kristopher J. Lambe	rt Leesburg FL 3	Blud. 4788	Leesburg, FL 34788
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 filling	10. I certify that I am an officer or director or the receiver or trust	tee empowered to execute this application as a	provided for in cha	pter 607 or 617, F.S. I further certify that when filing

this reinstatement application, the reason for dissolution has been eliminated, the corporate rame satisfies the requirements of section 607, 0.3.1 further certify that when filling tests 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR