

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

08 FEB 28 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


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03/11/08--01012--005 \*\*450.00

REINSTATEMENT 06-08

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

DOCUMENT # P04000010769

1. Corporation Name

Kristopher J. Lambert Inc.

2. Principal Office Address - No P.O. Box #

11410 Bobwhite Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

11410 Bobwhite Blvd

Suite, Apt. #, etc.

City & State

Leesburg FL

City & State

Leesburg FL

Zip

34788

Country

U.S.

Zip

34788

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

1-07-2004

5. FEI Number

571195776

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

Kristopher J. Lambert

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

11410 Bobwhite Blvd

Suite, Apt. #, Etc.

City

Leesburg

State

FL

Zip Code

34788

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

Kristopher J. Lambert

REGISTERED AGENT MUST SIGN

Date

2-27-08

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
P	Kristopher J. Lambert	11410 Bobwhite Blvd. Leesburg FL 34788	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 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:

Kristopher J. Lambert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-08

Date

352-516-5257

Daytime Phone #