

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 NOV 26 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000099690

1. Corporation Name

LAMAR FAMILY ENTERPRISES, INC.

700138286977
11/26/08--01028--024 **300.00

CR2E081 (1/07)

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

3385 NW 23RD STREET

3. Mailing Office Address

3385 NW 23RD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAUDERDALE LAKES FL

City & State

LAUDERDALE LAKES FL

Zip
33311

Country
USA

Zip
33311

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/2004

5. FEI Number
34-2003553

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

ROBERT LAMAR

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

3385 NW 23RD STREET

Suite, Apt. #, Etc.

City

LAUDERDALE LAKES

State

FL

Zip Code

33311

☒ 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 **X**

Date **11/21/2008**

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
PRES	ROBERT LAMAR	3385 NW 23RD STREET	LAUDERDALE LAKES, FL 33311
VP	LATRICE LAMAR	3385 NW 23RD STREET	LAUDERDALE LAKES, FL 33311

REINSTATEMENT
07-08

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: **X Robert Lamar** ROBERT LAMAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/2008

Date

954-733-6069

Daytime Phone #