

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 AUG 24 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 797000023131

1. Corporation Name

Terry Lambert Plumbing
& Gas Service, Inc.

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

8145 Whitmire Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

8145 Whitmire Dr.
Suite, Apt. #, etc.

City & State

Pensacola Fl.

City & State

Pensacola Fl.

Zip

32514

Country

U.S

Zip

32514

Country

U.S

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

3-10-97

5. FEI Number

593491426

☐ 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

Terry Lambert

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

8145 Whitmire Dr.

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32514

600211402196
08/24/11--01025--021 **900.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 8-22-11

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
President	Terry Lambert	8145 Whitmire Dr.	Pens. Fl. 32514

REINSTATEMENT 10-1 B 8/25/11

10. E-mail Address:

No E-mail, no computer, send paper notification.
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-11

Date

Daytime Phone #

850 477-2471