

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS



DOCUMENT # P97000023131

1. Corporation Name

Terry Lambert Plumbing & Gas Service, Inc.
8145 Whitmire Drive
Pensacola, Florida 32514

2. Principal Office Address

Same as above

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Same as above

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/10/97

5. FEI Number

59-3491426

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300009782103
01/02/03--01025--013 **300.00

ubr

01-02

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.

Pensacola, FL 32514

City

State
FL

Zip Code

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

Date

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	Terry Lambert	8145 Whitmire Drive	Pensacola, Florida 32514

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 under section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry Lambert

12/31/02

Date

(850) 477-2471

Daytime Phone #

CR2E081 (9/01)

BS

2082

FRANK S. HUGHES
CERTIFIED PUBLIC ACCOUNTANT

41 N. JEFFERSON STREET, SUITE 211 - P.O. BOX 849
PENSACOLA, FLORIDA 32591
(850) 432-7157
FAX (850) 432-6100

MEMBER
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

December 31, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Terry Lambert Plumbing & Gas Service, Inc.
59-3491426

Dear Sir:

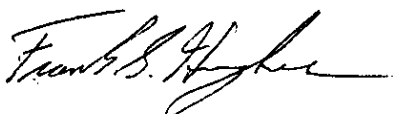
Enclosed is the above referenced Corporation's Reinstatement Form. The Corporation was inadvertently dissolved during the divorce of the Corporation's President.

The form was sent to the Corporation's address which was the President's residence. During the divorce proceedings Mr. Lambert was not allowed to use the residence as the court gave his ex-wife sole procession. The forms were intentionally returned to the Division of Corporations by Mr. Lambert's ex-wife by changing the address. The Division of Corporations has copies of both Forms for 2001 and 2002. The Division of Corporations has since been sending the Corporate Annual Report to an incorrect address. The Corporation's President did not find out the results of this misinformation until today while applying for a Workman's Compensation Exemption.

Due to the extenuating circumstances, please reverse all penalties and accept the yearly application amount of \$150.00 per year (for a total of \$300.00) as the reinstatement amount due.

Thank you for your help in this matter. Should you have any questions, please do not hesitate to contact me.

Very truly yours,



Frank S. Hughes
Certified Public Accountant

FSH/ek

Enclosure