

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**FILED**
05 MAR 16 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000062048

1. Corporation Name

LEMBERG REDL, INC.

2. Principal Office Address

151 S. McCall Road

Suite, Apt. #, etc.

3. Mailing Office Address

737 S. Indiana Ave.

Suite, Apt. #, etc.

City & State

Englewood, FL

City & State

Englewood, FL

Zip
34223Country
USAZip
34223Country
USA4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650576644

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

Charles Diez, Jr.

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

727 S. Indiana Avenue

Suite, Apt. #, Etc.

City

Englewood

State
FLZip Code
34223

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

Date 3-15-05

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
D	Charles Diez, Jr.	737 S. Indiana Ave.	Englewood, FL 34223
P	Mary Ann Flcyd	737 A. Indiana Ave.,	Englewood, FL 34223
V	Mary Ann Floyd	737 S. Indiana Ave.	Englewood, FL 34223

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)(i), 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
Charles Diez, Jr., Director

3-15-05

Date

(941) 474-5506

Daytime Phone #