

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

CORPORATION



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 11 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000003527

1. Corporation Name

Lambert's TRASH Hauling

2. Principal Office Address

1925 19 Street

Suite, Apt. #, etc.

City & State

SARASOTA FLA.

Zip Country

34234 USA

3. Mailing Office Address

1925 19 Street

Suite, Apt. #, etc.

City & State

SARASOTA FLA.

Zip Country

34234 USA

2000-2002 LBR

4. Date Incorporated or Qualified
To Do Business in Florida

1-12-98

5. FEI Number

65-0813222

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

PAUL C. Lambert

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

1925 19 Street

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34234

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

Paul C. Lambert

REGISTERED AGENT MUST SIGN

Date 11/19/01

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	Paul C. Lambert	1925-19-Street	SARASOTA FL 34234

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:

Paul C. Lambert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/01

Date

941-364-339

Daytime Phone #

CR2E081 (8/00)

Lambert Trash Hauling, Inc.
1925 19th Street
Sarasota, FL 34234
(941) 384-3389

To: Fla. Dept of State.
Attention Kathy Ashton

I did not receive the
Uniform Business Report (UBR)
for the year 2000.
which is why payment
was late.

Lambert