

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 AUG -7 4:11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000033294

1. Corporation Name

REL Service, Inc.

2. Principal Office Address

740 E. Ocean Ave

Suite, Apt. #, etc.

305 S.

City & State

Boynton Bch. FL

Zip

33435

Country

Palm Beach

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

REINSTATEMENT

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

4/8/98

5. FEI Number

52-2092732

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

Ronald E. Lamb

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

740 E. Ocean Ave.

Suite, Apt. #, Etc.

Boynton Bch 305 S.

City

Boynton Beach

State

FL

Zip Code

33435

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]

Date

8/4/06

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
P	Ronald E. Lamb	740 E. Ocean Ave. 305 S. Boynton Beach FL 33	Boynton Beach FL 33435
S&T	Ronald J. Lamb	5280 Steven Rd.	Boynton Beach FL 33435

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08/11/06 01011-015 **450.00

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:

[Signature] RONALD E LAMB

Date

8/4/06 561 723.2832

Daytime Phone #

8/9
aw