

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 14 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000082667

1. Corporation Name

LAMAR Services, Inc.

2. Principal Office Address

611 NW 134th Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

10501 SW 46 Terr

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

MIAMI, FL

Zip

33182

Country

USA

Zip

33165

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/23/98

5. FEI Number

65-0893482

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

ANA M. VELIZ, P.A.

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

999 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

PH 1120

City

Coral Gables

State

FL

Zip Code

33134

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

Ana M. Veliz

REGISTERED AGENT MUST SIGN

Date

1/31/03

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/D	EVELYN De LAMAR	10501 SW 46 Terr.	MIAMI, FL 33165

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

Evelyn Delamar

Date

1/31/03 (786) 250-6047

Daytime Phone #

CR2081 (9/01)

gsh

LAW OFFICES

Ana M. Veliz

PROFESSIONAL ASSOCIATION

PENTHOUSE 1120

999 PONCE DE LEON BOULEVARD

CORAL GABLES, FLORIDA 33134

TELEPHONE (305) 446-7200

FACSIMILE (305) 443-0333

E-MAIL VELIZLAW@Bellsouth.Net

MEMBER, NATIONAL NETWORK
OF ESTATE PLANNING ATTORNEYS

March 12, 2003

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

RE: LAMAR SERVICES, INC.
Document # P98000082667

To Whom it May Concern:

Please be advised that I represent Lamar Services, Inc. The corporation has been Administratively Dissolved for failing to file its annual report for 2002. The report was usually filed by its previous registered agent Robert Saunder, Esquire. Unfortunately, Mr. Saunder has moved out of the state of Florida. Lamar Services, Inc., was not aware that the report had not been filed until now. Mr. Saunder failed to communicate with my client regarding this or any other matter. My client never received the annual report for filing.

Enclosed please find the Corporation Reinstatement application. Lamar Services, Inc., respectfully requests that the reinstatement fee be waived. The failing to file the annual report was due to my client's never receiving the report. We are enclosing a check in the amount of \$300.00 representing the filing fee for 2002 and 2003.

If you have any questions or need any other information, do not hesitate to contact the undersigned.

Thank you for your consideration to this matter.

Very truly yours,


Ana M. Veliz

AMV/hp

Enc.