

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 MAY -1 AM 10:11
TALLAHASSEE, FLORIDA

DOCUMENT # P99000068844

1. Corporation Name

Eric L. Lambert, Inc.

2. Principal Office Address - No P.O. Box #

1800 S. Ocean Blvd., #209

Suite, Apt. #, etc.

3. Mailing Office Address

905 Cambridge Drive SE

Suite, Apt. #, etc.

City & State

Lauderdale by the Sea, Florida

City & State

Grand Rapids, MI

Zip

33062

Country

Broward

Zip

49512

Country

Kent

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/1999

5. FEI Number

650937536

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Eric L. Lambert

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

1800 S. Ocean Blvd., #209

Suite, Apt. #, Etc.

City

Lauderdale by the Sea, Florida

State

FL

Zip Code

33062

000272503310
05/01/15--01027--007 **1658.75

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 April 28, 2015

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	Eric L. Lambert	1800 S. Ocean Blvd., #209	Lauderdale by the Sea, FL 33062
		REINSTATEMENT	
			2009-2015
			MAY - 7 2015
			L. SELLERS

10. E-mail Address: eric.lambert@millsteel.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2015

616-915-0784

Date

Daytime Phone #