

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPROVE AND FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 JUL 19 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000111030

1. Corporation Name

LAMB'S SECURITY SOLUTIONS INC

2. Principal Office Address

KM 16 CARRETERA

Suite, Apt. #, etc.

EL SALVADOR

City & State

Guatemala

Zip

Country

Guatemala

3. Mailing Office Address

305 MYRTLEWOOD

Suite, Apt. #, etc.

City & State

MELBOURNE

Zip

Country

32955 USA

**REINSTATEMENT**  
OR2E001 (12/05)

03-06

4. Date Incorporated or Qualified  
To Do Business in Florida

12/28/1999

5. FEI Number

593615598

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KEITH A. LAMB

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

305 MYRTLEWOOD

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32955

300077976623  
07/26/06--01005--025 \*\*\*1200.00

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

Keith A. Lamb

Date 10 July 2006

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	KEITH A. LAMB	305 MYRTLEWOOD	MELBOURNE, FL. 32955
VP	Giselle Lacapede LAMB	305 MYRTLEWOOD	MELBOURNE, FL. 32955

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:

Keith A. Lamb

10 July 2006

321-821-2272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/25  
aw