PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 17 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT -03

11/10/03 01073 002 200.
12/15/03 01078 008 550.

DOCUMENT # F02000003968

1. Corporation Name
LYNHAVEN INN, INC.

2. Principal Office Address	3. Mailing Office Address
906 E. Hallandale Beach Blvd	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hallandale, Florida 33009	City & State
Zip: 33084 Country: Broward	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 8/05/2002

5. FEI Number: 54-0965451 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Kambouropoulos, Costas
Street Address (P.O. Box Number is Not Acceptable): 3851 NE 27th Avenue
Suite, Apt. #, Etc.:
City: Lighthouse Point State: FL Zip Code: 33064

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: COSTAS Kambouropoulos Date: 12 15 03.
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
PD	Kambouropoulos, Costas	3851 NE 27th Avenue	Lighthouse Point, Fl 33064
PVD	Kambouropoulos, Felix	3851 NE 27th Avenue	Lighthouse Point, Fl 33064
STD	Kambouropoulos, Angelique	3851 NE 27th Avenue	Lighthouse Point, Fl 33064
PVD	HARRIS KAMBOUROPOULOS	3851 NE 27 AVENUE	LIGHTHOUSE P 33064

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: COSTAS Kambouropoulos 12 15 03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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