

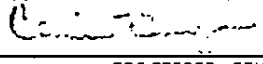
PLEASE READ ALL INSTRUCTIONS BEFORE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1062

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F03000005786					
1. Corporation Name Lyon Management Group, Inc.					
2. Principal Office Address - No P.O. Box # 4901 Birch Street Suite, Apt. #, etc.			3. Mailing Office Address 4901 Birch Street Suite, Apt. #, etc.		
City & State Newport Beach			City & State Newport Beach		
Zip 92660	Country US	Zip 92660	Country US	4. Date Incorporated or Qualified To Do Business in Florida February 19, 2003	
5. FEI Number 33-0560238				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 NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 515 E. Park Avenue Suite, Apt. #, etc. City Tallahassee State FL Zip Code 32301				MAR 19 2015 L. SELLERS	
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 March 18, 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)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P/C/D	Frank T. Suryan, Jr.	4901 Birch Street		Newport Beach, CA 92660	
V/C/D	William Lyon	4695 MacArthur Court, 8th Floor		Newport Beach, CA 92660	
S	Michael Barmettler	4901 Birch Street		Newport Beach, CA 92660	
D	William H. Lyon	4695 MacArthur Court, 8th Floor		Newport Beach, CA 92660	
T	Candace Rice	4901 Birch Street		Newport Beach, CA 92660	
REINSTATEMENT 2013-2014					
10. E-mail Address: sl@lyon1.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. 617.155, F.S.					
SIGNATURE: 		3/17/2015		849 838-1248	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

Division of Corporations

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
LYON MANAGEMENT GROUP, INC.

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