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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

**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 # | | 3. Mailing Office Address | |
|---|---|---|---|
| 4901 Birch Street | | 4901 Birch Street | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Newport Beach | | Newport Beach | |
| Zip | Country | Zip | Country |
| 92660 | US | 92660 | US |

CR2E081 (11/10)

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

Name
NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
515 E. Park Avenue

Suite, Apt. #, Etc.

| City | State | Zip Code |
|---|---|---|
| Tallahassee | FL | 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)

| Titles | 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: s]@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.817.155, F.S.

SIGNATURE: _____ 3/17/2015 949 838-1248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

# Florida Department of State

## Division of Corporations

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202

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**CORPORATION REINSTATEMENT**
**LYON MANAGEMENT GROUP, INC.**

| | |
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