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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 DEC 13 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F27947

1. Corporation Name

FLYNN ASSOCIATES, INC.

2. Principal Office Address

7800 SW 57 Ave.

3. Mailing Office Address

7800 SW 57 Ave.

Suite, Apt. #, etc.

Suite 117-A

Suite, Apt. #, etc.

Suite 117-A

City & State

Miami, FL

City & State

Miami, FL

Zip

33143

Country

USA

Zip

33143

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1981

5. FEI Number

59-2084344

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

Richard J. Roth d/b/a Roth & Associates

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

9271 SW 136 Street Circle

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

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

REGISTERED AGENT MUST SIGN

Date

11/08/2006

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
C/P/D	Phyllis L. Roth	7800 SW 57 Ave., #117-A	Miami, FL 33143
S/T/D	Richard J. Roth	7800 SW 57 Ave., #117-A	Miami, FL 33143

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phyllis L. Roth C/P/D

11/08/2006

Date

305-667-2568

Daytime Phone #

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FLYNN ASSOCIATES, INC.



Office: 667-2568
Fax 305-665-8297

7800 SW 57 Ave.
Suite 117 A
S. Miami FL 33143

November 8, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document# F27947

To Whom It May Concern:

Attached you will find a CORPORATION REINSTATEMENT FORM for the above referenced Florida Corporation.

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This letter shall serve as official notification of non-receipt of notices in the year of dissolution for the following reasons:

- 1). Florida Attorney Harold L. Greene (original Registered Agent) failed to forward notices sent to his firm due to a fee overcharge dispute.
- 2). Office (address change) move due to terminal illness of key employee.

Please contact us at should you need further clarification and/or information regarding this Corporate Reinstatement or any other matter.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Phyllis L. Roth'.

Phyllis L. Roth
Chairman
President
Director

A handwritten signature in cursive script, appearing to read 'R. J. Roth'.

Richard J. Roth
Secretary
Treasurer
Director