

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -1 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K25829**

1. Corporation Name

Lynsen Group Inc

Handwritten initials

REINSTATEMENT 92-04

800029593128

03/01/04--01044--006 **2558.75

2. Principal Office Address

1200 S. Miami Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip Country

33316

City & State

Florida

Zip Country

33316

4. Date Incorporated or Qualified
To Do Business in Florida

7/1/1988

5. FEI Number

65-0060043

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Stella Chiang

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

1200 S. Miami Rd

Suite, Apt. #, Etc.

Ft. Lauderdale, FL

City

State

FL

Zip Code

33316

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

Stella Chiang
REGISTERED AGENT MUST SIGN

Date

2/18/04

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
President	Stella Chiang	1200 S. Miami Rd	Ft. Lauderdale, FL 33316

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:

Stella Chiang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/04
Date

Daytime Phone #

CR2E081 (10/02)