



# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # K25829</b> 1. Entity Name LYNSSEN GROUP INC.			SEC. DIVISION 06 OCT 13 PH 1:09 <b>REINSTATEMENT 06</b> 
Principal Place of Business 1200 S. MIAMI ROAD FT. LAUDERDALE, FL 33316		Mailing Address 1200 S. MIAMI ROAD FT. LAUDERDALE, FL 33316	
2. Principal Place of Business 16324 NW 11 ST Suite, Apt. #, etc.	3. Mailing Address 16324 NW 11 ST Suite, Apt. #, etc. Pembroke Pines	10072006 REIN-P CR2E098 (11/05)	
City & State Pembroke Pines FL	City & State Pembroke Pines FL	4. FEI Number 65-0060043	Applied For Not Applicable
Zip 33028	Country Broward	Zip 33028	Country Broward
6. Name and Address of Current Registered Agent  CHIANG, STELLA 1200 S. MIAMI ROAD FT. LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name: Stella Chiang Street Address (P.O. Box Number is Not Acceptable): 16324 NW 11th St City: Pembroke Pines FL Zip Code: 33028	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Stella Chiang</i> DATE: 10-10-06 <small>Signature (Typed or Printed Name of Registered Agent and Title) (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE: P NAME: CHIANG, STELLA STREET ADDRESS: 1200 S. MIAMI ROAD CITY-ST-ZIP: FT. LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete	TITLE: President NAME: CHIANG, stella STREET ADDRESS: 16324 NW 11th St CITY-ST-ZIP: Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.			
SIGNATURE: <i>Stella Chiang</i>		DATE: 10-9-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	