

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000016375

Name and Mailing Address

2002 OCT 28 AM 11:07

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

0000326 01 FP 0.352 **PRST T2 0 0615 32708-385299



LYNCH MANAGEMENT GROUP, LLC
699 RUNNING BEAR COURT
WINTER SPRINGS FL 32708-3852



2. New Mailing Address

City, State, Zip

Principal Place of Business

699 RUNNING BEAR COURT
WINTER SPRINGS FL 32708

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

09/24/2001

6. FEI Number

5a. 2343665

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

LYNCH, RONALD J
699 RUNNING BEAR COURT
WINTER SPRINGS FL 32708

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

500008639075
10/28/02 01137-006 **150.00

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/23/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	LYNCH, RONALD J	899 RUNNING BEAR COURT	WINTERSPRINGS FL 32708

REINSTATEMENT 2002

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date

10/23/02

Daytime Phone #

407-563-6201

Typed or printed name of signing Managing Member/Manager

Ronald J. Lynch