

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 24 AM 10:46

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000001476

1. Limited Liability Company's Name

JOHN J. LYNCH AND JUDITH L. LYNCH, L.L.C.

2. Principal Office Address - No P.O. Box #

5300 NORTH FEDERAL HWY SAME

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

Zip

33308

Country

USA

Zip

Country

4. State/Country of Formation

FLA/USA

5. Date Organized or Qualified
To Do Business in Florida

1-07-2004

6. FEI Number

74-3111983

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

Name

JOHN J. LYNCH

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

5300 NORTH FEDERAL HIGHWAY

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33308

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. 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

John Lynch

REGISTERED AGENT MUST SIGN

Date 12-20-07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	JOHN J LYNCH	5300 NORTH FEDERAL Highway	FORT LAUDERDALE FL 33308
			300113537753 01/02/08--01/01/08--024 \$400.00

REINSTATEMENT 2005-2007

11. 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

John J. Lynch

Date 12-20-07

Daytime Phone # 954-771-4400

Typed or printed name of signing Managing Member/Manager

JOHN J. LYNCH