


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

| LIMITED LIABILITY COMPANY REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
|---|---|---|-------------------------------------|
| DOCUMENT # <u>L05000091451</u> | | | |
| 1. Limited Liability Company's Name LYNCH PARTNERS, LLC | | | |
| 2. Principal Office Address - No P.O. Box # 4706 18th Ave | | 3. Mailing Office Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Brooklyn NY | | City & State | |
| Zip 11204 | Country | Zip | Country |
| 8. Name and Address of Current Registered Agent | | | |
| Name NRAI Services, Inc. | | | |
| Street Address (P.O. Box Number is Not Acceptable) Suite. 1200 South Pine Island Road | | | |
| Apt. #, Etc. | | | |
| City Plantation | | State FL | Zip Code 33324 |
| 4. State/Country of Formation Florida | | | |
| 5. Date Organized or Qualified To Do Business in Florida 09/16/2005 | | | |
| 6. FEI Number | | Applied For <input type="checkbox"/> Not Applicable | |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status | | | |
| 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent _____ Date _____ REGISTERED AGENT MUST SIGN | | | |
| 10. Names and Street Addresses of Authorized Representatives/Managers | | | |
| Titles | Name of Authorized Representatives/Managers | Street Address of Each Authorized Representative/Manager | City / State / Zip |
| | Robert Wolf | 4706 18th Ave | Brooklyn NY 11204 |
| | | | |
| | | | |
| | | JAN 31 2021 | |
| | | S. YOUNG | |
| | | | |
| 11. E-mail Address: <u>mreichman@readprop.com</u> (To be used for future annual report notifications) | | | |
| 12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S. | | | |
| Signature of authorized representative/member _____ | | Date 12/10/20 | Daytime Phone # 718-972-7878 |
| Typed or printed name of signing authorized representative/member Robert Wolf | | | |

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