

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L08983**

1. Corporation Name

Lynch Services, Inc.

Principal Place of Business

Mailing Address

**1509 Harbor Drive
Marathon, FL 33050**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Aug. 14, 1989

5. FEI Number

65-0137479

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Virgil E. Lynch	1509 Harbor Drive	Marathon, FL 33050
Sec./ Treas.	Doris A. Lynch	1509 Harbor Drive	Marathon, FL 33050

8. Name and Address of Current Registered Agent

**VIRGIL E. LYNCH
1509 HARBOR DR
MARATHON FL 33050**

9. Name and Address of New Registered Agent

Name **VIRGIL E. LYNCH**

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

1509 HARBOR DR.

Suite, Apt. #, Etc.

City

MARATHON

State

FL

Zip Code

33050

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Virgil E. Lynch

REGISTERED AGENT MUST SIGN

Date

10-16-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Virgil E. Lynch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-97

Date

(904) 254-7878

Daytime Phone #

FILED

97 OCT 21 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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***1080.00 ***1080.00

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DIVISION OF CORPORATIONS

CR2040 (12/96)