PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000110433

1. Corporation Name

Corporacion Lynn Investment, Inc

REINSTATEMENT 02-05
CR2E081 (8/05)

2. Principal Office Address	**3.** Mailing Office Address
9781 Arbor Oaks Lane	Same
Suite, Apt. #, etc. 306	Suite, Apt. #, etc.
City & State Boca Raton	City & State

| Zip 33428 | Country USA | Zip | Country |

4. Date Incorporated or Qualified To Do Business in Florida 11/29/00

5. FEI Number 65-1064031   ☐ Applied For   ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Alfredo Rodriguez

Street Address (P.O. Box Number is Not Acceptable)
9781 Arbor Oaks Lane # 306 100060308771
10/06/05--01061--007 **1208.75

Suite, Apt. #, Etc.

City Boca Raton, FL   State **FL**   Zip Code 33428

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____   Date 9/30/05

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Alfredo Rodriguez	9781 Arbor Oaks Lane	Boca Raton, Fl 33428

10. 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: _____   9/30/05   561 929 1199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #