

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 22 AM 11:39

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000100272*

1. Corporation Name

LYNSTAR, INC.

2. Principal Office Address

10200 NW 25 STREET

Suite, Apt. #, etc.

UNIT # 202

City & State

MIAMI-FL

Zip

33172

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-16-2001

5. FEI Number

65-1146260

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

LOUIS F. LAST

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

4805 NW 79 AVENUE

Suite, Apt. #, Etc.

SUITE #9

City

MIAMI

State

FL

Zip Code

33166

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *10.16.2003*

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
<i>PVSTD</i>	<i>CAROLYN MITCHELL</i>	<i>10200 NW 25 ST #202</i>	<i>MIAMI-FL 33172</i>

100024025341
*10/22/03--01069--018 **150.00*

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:

[Signature]
CAROLYN MITCHELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/2003

Daytime Phone #

954-383

2878

CR2E01 (9/01)

9/10/27

LYNSTAR, INC.
10200 NW 25 STREET
UNIT # 202
MIAMI, FLORIDA 33172

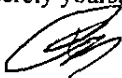
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE; CORPORATION REINSTATEMENT

Dear Sir :

I am enclosing check for \$ 150.00 for annual fee, as per telephone conversation. Kindly waive any penalties as we did not receive the required forms.
Thanking you in advance for all your courtesies.

Sincerely yours,



Carolyn Mitchell
President

Cc; file