

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 23 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000017455**

1. Corporation Name

JUN LYNN, INC.

Principal Place of Business

Mailing Address

**777 S. FLAGLER 800W
WEST PALM BEACH FL 33401**

**777 S. FLAGLER 800W
WEST PALM BEACH FL 33401**

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

02/15/2002

5. FEI Number

04-3601937

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	HASEGAWA, CAROL L	310 S DIXIE HWY 392-1 Prestwick Circle	WEST PALM BEACH FL 33401 33418

REINSTATEMENT

8. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

9. Name and Address of New Registered Agent

Name

CAROL L. HASEGAWA

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

392-1 Prestwick Circle

Suite, Apt. #, Etc.

#

City

Palm Beach Garden

State

FL

Zip Code

33418

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. or 617.0505, F.S.

Signature of
Registered Agent

Carol L. Hasegawa
REGISTERED AGENT MUST SIGN

Date

10/16/03

11. 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:

Carol L. Hasegawa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/03

Daytime Phone #

(561) 308-8571

CR20040 (7/03)

2 of 2

Jun Lynn, Inc.

DATE: October 16 2003.

TO: Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
Tallahassee FL 32314-6327

FROM: Jun Lynn Inc.
777 South Flagler 800W
West Palm Beach FL 33401

RE: Waiver of Reinstatement Fee

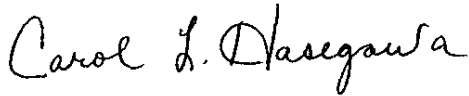
To Whom It May Concern:

This letter is written with regard to a form stating that my company had been dissolved because I did not file an annual report with your office. This year is the first year that the company has been required to file and we never received any prior notice to file or a notice of delinquency. There was incorrect information on the form of dissolution: Address of principle. The information on the form of dissolution will be modified to show the correct information.

I am requesting that your office waive the reinstatement fee, reinstate the company and charge the corporation the regular reporting fee of \$150.00 due to us not receiving any previous notice of filing.

I am enclosing a check for \$150.00 to cover the reporting fee.

Thank you,



Carol L. Hasegawa
President