

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 27 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P02000027476

CHRIS LYNCH PLUMBING & SERVICE, INC

000024100250
10/27/03--01005--016 **150.00

2. Principal Office Address

4035 N BROWNING DR

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

Country

33406

PALM BEACH

3. Mailing Office Address

4035 N BROWNING DR

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

Country

33406

PALM BEACH

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

03/12/02

5. FEI Number

36-4491252

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

CHRISTOPHER LYNCH

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

4035 N BROWNING DR

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33406

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

Chris Lynch

REGISTERED AGENT MUST SIGN

Date

10/22/03

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
P	CHRISTOPHER LYNCH	4035 N BROWNING DR	WEST PALM BEACH, FL 33406

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:

Chris Lynch

CHRISTOPHER LYNCH

Date

10/22/03

Daytime Phone #

C.R. COOPER, CPA, PA
5350 10TH. Ave. North, Suite 8
Lake Worth, Florida 33463

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

October 22, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, Florida 32314

Taxpayer: Chris Lynch Plumbing & Service, Inc
FEIN: 36-4491252
Tax Form: UBR
Tax Period: 2003

To Whom It May Concern:

We have enclosed check #3281 in the amount of \$150.00 for the annual renewal of the above corporation.

Please abate the penalty as Mr. Lynch did not receive the original UBR, and did not intentionally avoid the filing fee. The corporation is fairly new and, therefore, Mr. Lynch is not completely familiar with the UBR.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,



C. R. Cooper, CPA

Encl.

cc