

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -6 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000060969

1. Corporation Name

Lyons Contracting Services, Inc.

400028665374
02/12/04--01039--022 **300.00

2. Principal Office Address

6984 SW 39th Street

Suite, Apt. #, etc.

H304

City & State

Davie, FL

Zip

33314

Country

USA

3. Mailing Office Address

6984 SW 39th Street

Suite, Apt. #, etc.

H304

City & State

Davie, FL

Zip

33314

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified

To Do Business in Florida 6/03/2002

5. FEI Number

03-0440148

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

Gregory F. Lyons

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

6984 SW 39th Street

Suite, Apt. #, Etc.

H304

City

Davie

State

FL

Zip Code

33314

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]

Date 1/26/2004

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
PASCD	Gregory F. Lyons	6984 SW 39th Street, #H304	Davie, FL 33314
VPTSD	Vanessa Maggio Lyons	6984 SW 39th Street, #H304	Davie, FL 33314

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory F. Lyons

1/29/2004

Date

561-866-3465

Daytime Phone #

CR2E081 (10/02)

Doc # P02000060969

Lyons Contracting Services, Inc.

6984 S.W. 39 Street, #H304

Davie, FL 33314

January 26, 2004

Katrina
Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Dear Katrina:

Per your instructions, I am writing to request that Lyons Contracting Services, Inc. be reinstated as a Florida Corporation. I have also enclosed a check for \$300.00 for the 2003 & 2004 Annual Report Fee.

I was not aware of the Annual Report and filing fee requirements. I did not receive the notice because there was an address change for which I neglected to notify the State of Florida. I did, however, file for a change of address with the I.R.S. with my 2002 corporate tax return.

Please change the business address, mailing address and officers' personal addresses to 6984 S.W. 39 Street, #H304, Davie, FL 33314. The officers, directors and registered agent remain the same.

If you require any additional information, you may reach me at the above address or (561) 866-3465.

Sincerely,



Gregory F. Lyons
President