PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY -6 AM 8:00

REINSTATEMENT 03-04
MRS

700035718697
05/06/04--01064--023 **150.00
2/12/04 01005 020 ✗ 750.00

DOCUMENT # P02 000061 PFS

1. Corporation Name

Tim Lynch Inc.

2. Principal Office Address
261 Prevatt Ave
Suite, Apt. #, etc.

3. Mailing Office Address
267 PREVATT AVE
Suite, Apt. #, etc.

City & State
Lake Helen

City & State
Lake Helen

Zip
32744

Country
Florida

Zip
32744

Country
FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida   6-5-2002

5. FEI Number   56-2379366   ☐ 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
Tim Lynch

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

Suite, Apt. #, Etc.

City
Lake Helen

State
FL

Zip Code
32744

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 _____   REGISTERED AGENT MUST SIGN

Date   4/29/04

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
V.P. S.T.	Susan Lynch	267 PREVATT AVE.	Lake Helen Fla 32744
PRES.	Tim Lynch	'' ''	'' ''

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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date   4/29/04

Daytime Phone #

CR2E081 (01/04)