

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 10 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000065333**

1. Corporation Name

Lynx Financial Services, Inc.

**300024573533**  
11/10/03--01100--025 \*\*150.00

2. Principal Office Address

4800 N. Federal Highway

Suite, Apt. #, etc.

100E

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

4800 N. Federal Highway

Suite, Apt. #, etc.

100E

City & State

Boca Raton, FL

Zip

33431

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

6/12/2002

5. FEI Number

04-3683235

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

S. Jay Chavez

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

4800 N. Federal Highway

Suite, Apt. #, Etc.

100E

City

Boca Raton

State  
**FL**

Zip Code  
**33431**

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

Date **10/13/2003**

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
President	Steven Jay Chavez	1114 Bel Air Drive #4	Highland Beach, FL 33487

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:

Steven Jay Chavez

10/13/2003 (561) 447-9919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)



Lynx Financial Services Inc.  
4800 North Federal Highway  
Suite 100 E | Boca Raton,  
Florida, 33431  
Phone: 561-447-9919  
Fax: 561-447-9853  
www.lynx-financial.com

To the Department of State,

We are contacting you, regarding the reinstatement of our corporation, Lynx Financial Services, Inc. Unfortunately, we did not receive the annual report form as we believe it was sent to the wrong address. Our address was changed last year, and a miscommunication with our registered agent, Corporate Creations, resulted in us not receiving the aforementioned forms. Obviously, we were unable to file the report as we were unaware of its existence. Due to this confusion, we politely request the fine of \$600 to be waived.

Awaiting a positive response,

S. Jay Chavez

President/CEO  
Lynx Financial Services, Inc.  
SJC/ab