

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN -3 PM 4:51

SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT #

PO2000133029

1. Corporation Name

LYNN FINKELSTEIN + CO, INC.

2. Principal Office Address

269 S.E. 5TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

269 S.E. 5TH AVENUE

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33483

Country

Zip

33483

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/02

5. FEI Number

37-1452693

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

LYNN FINKELSTEIN

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

269 SE 5TH AVENUE

Suite, Apt. #, Etc.

City

DELRAY BEACH, FL

State

FL

Zip Code

33483

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

12/29/05

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
PRES.	LYNN FINKELSTEIN	3712 MYKONOS CT.	BOCA RATON, FL 33487

REINSTATEMENT 05-

600063022306
01/03/06--01006--002 **750.00

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

LYNN FINKELSTEIN

Date

12/29/05

Daytime Phone #

(561) 243-1230