

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 JUL 27 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO3000065911

1. Corporation Name

LYNX GROUP INC.

2. Principal Office Address

12949 49TH ST NORTH

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33762

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 04-00

4. Date Incorporated or Qualified
To Do Business in Florida

6/13/03

5. FEI Number

☒ 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

ANDREW FORMAN

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

15947 N. FLORIDA AVE

Suite, Apt. #, Etc.

City

LUTZ

State

FL

Zip Code

33549

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 7/26/06

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
<u>P.S.T</u>	<u>DONALD DARR</u>	<u>12949 49TH ST NORTH</u>	<u>CLEARWATER, FL 33762</u>

000078379900
08/04/06--01043--002 **450.00

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/06

Date

727-408-1000

Daytime Phone #

K. Eckel AUG 01 2006

2/2

ANDREW S. FORMAN, P.A.

15947 North Florida Avenue
Lutz, Florida 33549
(813) 969-3000
Fax: (813) 968-8000
asfjd@aol.com

July 25, 2006

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: LYNX GROUP, INC.

Dear Sir or Madam:

Enclosed please find the Corporation Reinstatement, together with a check in the amount of \$450.00 to cover the costs associated with reinstating Lynx Group, Inc.

Please be further advised that we did not receive any notices in 2004 and would appreciate it if you would waive the late fees.

Should you have any questions, please feel free to call this office.

Thank you.

Sincerely,

Andrew S. Forman

Enclosures