

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**QUALIFICATION**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN 18 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0400000254

1. Corporation Name

Lynne Winterfield-Fielder, Inc.

2. Principal Office Address

3900 Oaks Clubhouse Dr

Suite, Apt. #, etc.

Suite 301

City & State

Pompano Beach, FL

Zip

33069

Country

USA

3. Mailing Office Address

1601 North Palm Ave.

Suite, Apt. #, etc.

Suite 309C

City & State

Pembroke Pines, FL

Zip

33026

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/18/2003

5. FEI Number

20-0554880

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

Michael S. Jaffee

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

1601 North Palm Ave.

Suite, Apt. #, Etc.

Suite 309C

City

Pembroke Pines

State

FL

Zip Code

33026

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

6/1/04

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
P	Lynne Winterfield-Fielder	3900 Oaks Clubhouse Dr. #301	Pompano Beach, FL 33069

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-9-04

Daytime Phone #

CR2001 (01/04)

**Michael S. Jaffee, CPA, P.A.**  
Certified Public Accountant

# P04000000254

May 04, 2004

Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Lynne Fielder-Fielder, Inc.  
FEIN: 20-0554880  
Doc#: P04000000254

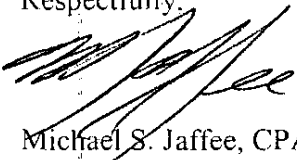
Dear Sir:

Please find enclosed a Corporation Reinstatement form for the above referenced corporation.

The original form was never received probably due to the fact the State does not have the correct address, which is noted on the enclosed form.

Thank you.

Respectfully,



Michael S. Jaffee, CPA