

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR -3 PM 3: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000152200

1. Corporation Name

LYNVAL & J. INC

2. Principal Office Address - No P.O. Box #

15843 SW 14 COURT

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33027

Country

BROWARD

3. Mailing Office Address

15843 SW 14 COURT

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33027

Country

BROWARD

REINSTATEMENT 05-09

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/2004

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

JACQUELINE SMITH

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

15843 SW 14 COURT

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33027

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 2/27/09

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	JACQUELINE SMITH	15843 SW 14 COURT	PEMBROKE PINES FL 33027

700144412357
02-25-09 01027 024 \$750

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/09 954-443-7812

Date

Daytime Phone #