

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 17 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93 0000 11 288

1. Corporation Name

LYKINS & ASSOCIATES, INC.

2. Principal Office Address

101 Pine Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 935

Suite, Apt. #, etc.

City & State

Oldsmar, FL.

City & State

Oldsmar, FL.

Zip

34677

Country

USA

Zip

34677

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1993

5. FEI Number

59 3166130

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

Thomas W. Lykins

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

15 CITRUS DRIVE (Home Address)

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34684

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

Thomas W. Lykins

REGISTERED AGENT MUST SIGN

Date November 11, 2004

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.	Thomas W. Lykins	15 Citrus Drive	Palm Harbor, FL. 34684
V. Pres.	Janice R. Lykins	15 Citrus Drive	Palm Harbor, FL. 34684

700042880357
11/17/04--01033--015 **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: Thomas W. Lykins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV. 11, 2004

Date

813-855-4400

Daytime Phone #

CR2E081 (01/04)