

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9300002 1532

1. Corporation Name

LYNCH INVESTMENTS, INC.

Principal Place of Business

Mailing Address

~~2402 Orient Road~~
Tampa, FL 33619

~~2402 Orient Road~~
Tampa, FL 33619

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

28 Dolphin Drive

3. New Mailing Office Address, If Applicable

28 Dolphin Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Treasure Island, FL

City & State

Treasure Island, FL

Zip

33706

Country

USA

Zip

33706

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

March 23, 1993

5. FEI Number

59-3179417

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Frank J. Lynch	20064 Gulf Boulevard	Indian Shores, FL 33785
S/D	Paulette Lynch	20064 Gulf Boulevard	Indian Shores, FL 33785

200002391122--3
-01/06/98--01069--006
****915.00 ****915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/15/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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

FRANK J. LYNCH

10/15/97
Date

813-596-3498
Daytime Phone #

CP25040 (12/96)