

FILED

02 OCT 29 AM 11:26

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091682

1. Corporation Name

LYNN-THOMAS ASSOCIATES, INC.

2. Principal Office Address

9116 Cypress Green Drive

3. Mailing Office Address

same

Suite, Apt. #, etc.

118

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32256

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/4/96

5. FEI Number

650717773

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 A. FALTYSKI

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

9116 Cypress Green Drive

Suite, Apt. #, Etc.

#118

City

Jacksonville

State
FL

Zip Code

32256

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 A. Faltynski

REGISTERED AGENT MUST SIGN

Date 10-25-02

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/D	Thomas A. Faltynski	9116 Cypress Green Dr. #118	Jacksonville, FL 32256
VP/T/ S	Jeralynn B. Faltynski	9116 Cypress Green Dr. #118	Jacksonville, FL 32256

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 A. Faltynski

President/CEO
Thomas A. Faltynski

10-25-02

904-730-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/01)

LYNN-THOMAS ASSOCIATES, INC.



Executive Recruiters

Friday, October 25, 2002

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

Ref: Document Number P96000091682, FEI Number 650717773

To Whom It May Concern,

I am requesting reinstatement of Lynn-Thomas Associates, Inc., and a waiver of any penalty fees. Our offices moved in 1999 and we did not receive the annual business report. I have enclosed a check for \$600.00 for reinstatement. Your help in this matter is greatly appreciated.

Sincerely,

A handwritten signature in dark ink, appearing to read "Thomas A. Faltynski".

Thomas A. Faltynski
President