

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 Country
32256 USA

Zip Country

800008644158
10/29/02--01031--029 **600.00

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. FALTYNSKI
Street Address (P.O. Box Number is Not Acceptable)
9116 Cypress Green Drive
Suite, Apt. #, Etc.
#118
City
Jacksonville

State Zip Code
FL 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 |
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10.25.02 Daytime Phone # 904-730-9500

CR2E081 (8/01)

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 cursive script, appearing to read "Thomas A. Faltynski".

Thomas A. Faltynski
President