

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000091682**

1. Corporation Name

LYNN-THOMAS ASSOCIATES, INC.

Principal Place of Business

9116 CYPRESS GREEN DRIVE
#118
JACKSONVILLE FL 32256

Mailing Address

9116 CYPRESS GREEN DRIVE
#118
JACKSONVILLE FL 32256

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1996

5. FEI Number

65-0717773

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	FALTYSKI, THOMAS A	9116 CYPRESS GREEN DR #118	JACKSONVILLE FL 32256
VTS	FALTYSKI, JERALYNN B	9116 CYPRESS GREEN DR #118	JACKSONVILLE FL 32256

000024260390
10/29/03--01071--021 **150.00

8. Name and Address of Current Registered Agent

FALTYSKI, THOMAS A
9116 CYPRESS GREEN DRIVE
#118
JACKSONVILLE FL 32256

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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. Faltyski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-03 904-730-9500

CR2E040 (7/03)

LYNN-THOMAS ASSOCIATES, INC.

Executive Recruiters



October 28, 2003

Florida Department of State
Glenda E. Hood
Secretary of State
Division of Corporations

Re: Application for Reinstatement

To Whom It May Concern,

Enclosed is our application for reinstatement and a filing fee check in the amount of \$150.00. We did not receive the original annual report form, or any subsequent notice of delinquency. We are respectfully requesting reinstatement without penalty.

Sincerely,

A handwritten signature in cursive script, appearing to read "Thomas A. Faltynski".

Thomas A. Faltynski
President/CEO