

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P96000098338**

1. Corporation Name

**LYN L. BURRELL CORPORATION**

Principal Place of Business

806 N FEDERAL HWY  
POMPANO BEACH FL 33062  
US

Mailing Address

806 N FEDERAL HWY  
POMPANO BEACH FL 33062  
US

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.

**800 N FEDERAL HWY**

City & State

**POMPANO BEACH FL**

Zip

**33062**

Country

**USA**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

00 OCT 16 AM 10: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

2000

4. Date Incorporated or Qualified  
To Do Business in Florida

12/02/1996

5. FEI Number

65-0711528

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BURRELL, LYN L	<del>568 E WOOLBRIGHT RD #207</del> <b>2800 NE 30th AVE #9C</b>	<del>BOYNTON BEACH FL</del> <b>LIGHTHOUSE Pt. FL</b>
VP	BECKER, BRENDT	34 GLEASON STREET	DELRAY BEACH FL
ST	BURRELL, BOB	<del>568 EAST WOOLBRIGHT RD #207</del> <b>2800 NE 30th AVE #9C</b>	<del>BOYNTON BEACH FL</del> <b>LIGHTHOUSE Pt. FL 33064</b>
			<b>800003436458--0</b>
			<b>-10/24/00--01041--001</b>
			<b>****758.75 ****758.75</b>

8. Name and Address of Current Registered Agent

**BURRELL, ROBERT E**

**2921 NE 28TH ST**

**#401**

**LIGHTHOUSE POINT FL 33064**

9. Name and Address of New Registered Agent

Name

**BURRELL, ROBERT E**

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

**2800 NE 30th AVE**

Suite, Apt. #, Etc.

**# 9C**

City

**LIGHTHOUSE POINT**

State

**FL**

Zip Code

**33064**

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**10/12/00**

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT E. BURRELL**

Date

**10/12/00 (754) 943-1055**

Daytime Phone #

CR2E040 (8x10)