

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 FEB -2 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000058214

1. Corporation Name

LYNCO OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

5170 N HIGHLAND PARK DR 13531 SW 43 CIR 5170 N HIGHLAND PARK DR 13531 SW 43 CIR  
HERNANDO FL 34442 Ocala, FL 34473 HERNANDO FL 34442 Ocala, FL 34473



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/02/1997

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13531 SW 43 CIR.

13531 SW 43 CIR.

City & State

City & State

Ocala, Florida

Ocala, Florida

Zip

Country

34473

USA

Zip

Country

34473

USA

5. FEI Number

59-3464006

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
1	2	3	4
PD	CROSSLEY, LINDA	5170 N HIGHLAND PARK DR 13531 SW 43 CIR	HERNANDO FL 34442 Ocala, FL 34473
SD	CROSSLEY, SCOTT	5170 N HIGHLAND PARK DR 13531 SW 43 CIR	HERNANDO FL 34442 Ocala, FL 34473
			000003130300--1 -02/09/00--01107--018 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CROSSLEY, SCOTT  
5170 N HIGHLAND PARK DR  
HERNANDO FL 34442

Name

Crossley, Scott

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

13531 SW 43 CIR.

Suite, Apt. #, Etc.

Ocala, FL

City

Ocala

State

FL

Zip Code

34473

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

Scott Crossley  
REGISTERED AGENT MUST SIGN

Date 1-31-00

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:

Scott Crossley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00

Date

(352) 237-4464

Daytime Phone #

CR2040 (8/99)