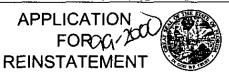
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P97000058214 DOCUMENT#

FILED

00 FEB -2 PM 1:39

 Corpora 	ation Name							
LYNCO OF CENTRAL FLORIDA, INC.					SECRETARY OF STATE			
		, , , , , , ,				TALLAHASSE	.E, FLORIDA	
Principal D	lace of Business	Mailing Address			1			
•		•	13	2521 0.143	CA MINI		88101 8118 2 1 8118 11 86 2 11877	B181 (83)
13531 SW 43CIR 5170 N HIGHLAND PARK DR 13531 SW 43 HERNANDO FL 34442 OCALA, FL. 34473 HERNANDO FL 34442 OCALA, FL. 344					477			
	OCAIA, 1-6.3447	3	- 00	HIH, F C. 3-1				
					REINS	STATEM	EN GG/	
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								
New Principal Office Address, If Applicable 3. New Mai			ce Address, If	Applicable	4. Date Incorp To Do Busi	orated or Qualified ness in Florida	07/02/1997	SP
Suite, Apt. #, etc. Suite, Apt			<u> </u>	1/2 0.0	5. FEI Numbe	<u> </u>		
City & State City & Cit		City & State 1	13531 SW 43 CIR.		3. FELIAMINA	59-3464006	 - - ''-	ied For
OCALA, FLORIDA		OCALA	OCALA ELORI		THOU AP		Applicable	
Zip	473 Country	Zip	Countr Countr	USA	CERTIFICAT	E OF STATUS DESIRED	\$8.75 Additional For a Certificate of	
7 Names	and Street Addresses of Each Officer and/o	or Director (Florida no	norofit corpora		est 3 directors)			
Name of Officers			Str	eet Address of Each				
Title(s)	and/or Directors	ectors 3		fficer and/or Director		City / State / Zip		
PD	CROSSLEY, LINDA	5170 N HIGHLAI				HERNANDO FL 34	1442	
		13	531 Su	N 43 C1	R_	OCALA.	FC. 3447	13
SD	CROSSLEY, SCOTT	170 N HIGHLAND PARK DR-			HERNANDO-FL 34	442	ļ	
				SW 43	C 18	Ocala,	FL. 344	23
	!				<u>سىر</u>			-
					<u></u>	000031		
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							7-1	
								1
		2-2-1-1-1-1			D Name and	Address of New Deniet	d Agent	
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
CROS	SLEY, SCOTT			<u> </u>	ROSSL	Ey, Scot	+	
Street Address (P.O. Box Number		CIR.	
HERNANDO FL 34442 Suite, Apt. #, 5					, <u>, , , , , , , , , , , , , , , , , , </u>		<u></u>	
				City	The la	<u>†</u>	State Zip Code	
					CALA		FL 344	13
10. I, being	appointed the registered agent of the above	ve named corporation,	am familiar w	ith and accept the ol	bligations of Sect	ion 607.0505, F.S.		
Signature of	Scottis	Carolo				Date	- 31-00	
Registered	RE	GISTERED AGENT	UST-SIGN			Date		
						4 007 047 50 1		50
this rein	that I am an officer or director or the receives tatement application, the reason for disso	lution has been elimina	ated, the corpo	orate name satisfies	the requirements	of section 607.0401 or	617.0401, F.S., that a	ill fees
	y the corporation have been paid and the n application is true and accurate, and my sig					der section 119.07(3)(i),	, F.S. The information	indicated
			J					
		٨		1				
<u>in</u>	Carle Carle	Light which	11/11 /			1-71-00	(35) 1000	المريون
SIGNAT	SIGNATURE AND TYPED OR PRIN	TED NAME OF SIGNING	OFFICER OR	DIRECTOR /		Date ;	Daytime Phone #	= 7464

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