

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 21, 2003 8:00 A.M.
Secretary of State

DOCUMENT # **P97000058214**

1. Corporation Name

LYNCO OF CENTRAL FLORIDA INC.

2. Principal Office Address

13531 SW 43 CIR

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

Zip

34473

Country

MARION

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

Same

REINSTATEMENT

01-03

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/1997

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. Name and Address of Current Registered Agent

Name

SCOTT CROSSLEY

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

13531 SW 43 CIR

Suite, Apt. #, Etc.

City

OCALA, FLORIDA

State

FL

Zip Code

34473

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

Scott W. Crossley

REGISTERED AGENT MUST SIGN

Date **1-14-03**

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
PD	LINDA CROSSLEY	13531 SW 43 CIR, OCALA, FL.	OCALA, FL. 34473
SD	SCOTT CROSSLEY	13531 SW 43 CIR OCALA, FLORIDA	OCALA, FL. 34473

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:

Scott W. Crossley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(352) 307-7070
1-14-03
Date Daytime Phone #

CR2E081 (10/02)

gs 1/23