

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 22 PM 1:30

DOCUMENT # **P97000068257**

1. Corporation Name

LYNX CONSULTING GROUP, INC.

2. Principal Office Address

144 NATHAN DRIVE

Suite, Apt. #, etc.

City & State

MORGANVILLE, NJ

Zip

07751

Country

USA

3. Mailing Office Address

144 NATHAN DRIVE

Suite, Apt. #, etc.

City & State

MORGANVILLE, NJ

Zip

07751

Country

USA

REINSTATEMENT 98-01

4. Date Incorporated or Qualified
To Do Business in Florida

8-5-97

5. FEI Number

59-3461466

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

MARK FORMAN

100003912341

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

1348 Sassafras Ave

03/27/01 01074 013

*****1208.75 ***1208.75**

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32714

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

Mark Forman

REGISTERED AGENT MUST SIGN

Date **3-16-01**

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

PRS. MARK FORMAN

144 NATHAN DR.

MORGANVILLE, NJ 07751

3/23

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:

Mark Forman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-01

Date

732-970-1145

Daytime Phone #

CR2E081 (9/00)