

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 FEB -5 AM 9:16

DOCUMENT # **P98000051640**

1. Corporation Name
ALICIA LYNN, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1023 CREEKFORDS DR WESTON FL 33326	Mailing Address 1023 CREEKFORDS DR WESTON FL 33326
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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 06/08/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0843251	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DELP, ALICIA	1023 CREEKFORDS DR	WESTON FL 33326

400011797834
 02/05/03--01011--003 **300.00

8. Name and Address of Current Registered Agent

HERNANDEZ, DAVID
 3000 NORTH UNIVERSITY DRIVE
 SUITE E
 CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent *Alicia Lynn* **SIGNATURE REQUIRED**
 REGISTERED AGENT MUST SIGN

Date _____

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

Date _____ Daytime Phone # _____

CR2E040 (8/02)

State of Florida Department of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2002 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective October 4, 2002.

Corporation Name: ALICIA LYNN, INC.

Document Number: P98000051640



Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the 4th day of October, 2002.

Handwritten signature of Jim Smith in cursive script.

Jim Smith
Secretary of State

To Whom it may concern,

Enclosed please find a check for \$300.00 for the reinstatement for my company
Alicia Lynn, Inc.

The form that was sent to me sometime earlier never made it to me because I moved
and it was not forwarded. This form I am sending with the payment however did make it
to my new address.

My new address is:
Alicia Lynn Inc
Group 967
4687 South University Dr.
Davie, Fl. 33328

Please update your records.

Thank you very much and
Have a Wonderful Day,


Alicia Lynn Delp