PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 15 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000005169

1. Corporation Name
LYNX TECHNOLOGY, INC

REINSTATEMENT 03-04 MRS

2. Principal Office Address	3. Mailing Office Address
14411 COMMERCE WAY	
Suite, Apt. #, etc.: SUITE 400	Suite, Apt. #, etc.
City & State: MIAMI LAKES, FL	City & State
Zip: 33016 Country: MIAMI-DADE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 01-01-1999

5. FEI Number: 650894165 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ALFREDO GOMEZ

Street Address (P.O. Box Number is Not Acceptable): 6626 GLENCAIRN TERR

Suite, Apt. #, Etc.:

City: MIAMI LAKES | State: FL | Zip Code: 33016

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: Alfredo Gomez — REGISTERED AGENT MUST SIGN — Date: 6/30/2004

CR2E081 (01/04)

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
P	ALFREDO GOMEZ	1411 COMMERCE WAY, #400	MIAMI LAKES FL 33016
V	JOHN LAMBERT	"	"
V	MANUEL CASTRO	"	"
			900039643939 07/20/04 01042--024 **900

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: Alfredo Gomez — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 6/30/2004 — Daytime Phone #: (305)-824-8648