

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 99000014575**

1. Corporation Name

REINSTATEMENT 2008-04

LAWRENCE H. FLYNN, INC.

2. Principal Office Address

2550 TALBOT RD.

Suite, Apt. #, etc.

3. Mailing Office Address

2550 TALBOT RD.

Suite, Apt. #, etc.

City & State

FERN PARK, FL.

Zip

32730

Country

USA

City & State

FERN PARK, FL.

Zip

32730

Country

SEMINOLE

4. Date Incorporated or Qualified
To Do Business in Florida

1 JAN 1999

5. FEI Number

59-3558075

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

LAWRENCE H. FLYNN

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

2550 TALBOT RD.

Suite, Apt. #, Etc.

City

FERN PARK

State
FL

Zip Code

32730

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

LAWRENCE H. FLYNN
REGISTERED AGENT MUST SIGN

Date

10/7/2004

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 |
|--------|--------------------------------------|---|----------------------|
| PRES. | LAWRENCE H. FLYNN | 2550 TALBOT RD. | FERN PARK, FL. 32730 |
| U.P. | CYNTHIA I. FLYNN | 2550 TALBOT RD. | FERN PARK, FL. 32730 |
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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:

LAWRENCE H. FLYNN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/7/2004 407 339-3189

Daytime Phone #

FILED
04 OCT 11 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (01/04)

ASR

Lawrence H. Flynn, Inc.
2550 Talbot Rd.
Fern Park, Fl.32730

10/7/2004

to: Amendment Section, Division of Corporations

subject: Reinstatement fee waiver

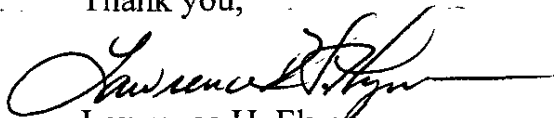
Change of resident agent office address and mailing address

Dear Sir/Madame,

It has come to my attention that I am considered inactive as a result of not filing an annual report for years 2002, 2003 and the current year. In checking with your data base, I have determined that my mailing address was not changed when I changed my location. As a result we did not receive the mailings from the state for those years. I would like to have the records brought up to date and be reinstated. In speaking with an agent, from your office, I understand that I may request a waiver of the fee associated with this reinstatement. I would like to have that waiver. I further understand that I will be obligated to pay \$150.00 for each of the years not filed, for a total of \$450.00. In addition I am including in my check \$35.00 for the change of resident office and mailing address. I would also like to receive a certificate of status (\$8.75). Total \$493.75.

If there are any questions regarding these changes, please contact me at the phone number or address listed in the documentation.

Thank you,



Lawrence H. Flynn

LHF/lf