

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000022295

1. Corporation Name

LYNWOOD INVESTMENTS, INC.

Principal Place of Business

Mailing Address

4134 GULF OF MEXICO DR., SUITE 302  
LONGBOAT KEY FL 34228

5448 HOFFNER AVE  
SUITE 306  
ORLANDO FL 32812  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

03/05/1999

5. FEI Number

59-3563113

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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
PD	CURTIS, TERENCE	2728 TETON STONE RUN	ORLANDO FL 32828
VD	ROGERS, STEVEN	2780 TETON STONERUN	ORLANDO FL 32828
			500004691085--2 -11/21/01--01055--012 ****750.00 ****750.00 LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CURTIS, TERENCE  
2728 TETON STONE RUN  
STONEBROOK  
ORLANDO FL 32828

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.

Signature of Registered Agent

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

10/22/01

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/01

Daytime Phone #

FILED

01 OCT 31 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

*[Handwritten initials]*

CR2E040 (8/01)