

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR 15 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000041252**

1. Corporation Name

Alexander Lynn, Inc.

2. Principal Office Address

1253 Red Dandy Dr

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32818

Country

Orange

3. Mailing Office Address

1253 Red Dandy Dr

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32818

Country

Orange

4. Date Incorporated or Qualified  
To Do Business in Florida

05/14/1999

5. FEI Number

59-3575429

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

Gail Gates

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

1253 Red Dandy Dr

Suite, Apt. #, Etc.

City

Orlando,

State

FL

Zip Code

32818

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

*Gail Gates*

REGISTERED AGENT MUST SIGN

Date 05/14/99

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| D      | Gail Gates                           | 1253 Red Dandy Dr                                 | Orlando, FL 32818  |
| D      | Fredric Gates                        | 1253 Red Dandy Dr                                 | Orlando, FL 32818  |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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)(b), 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:

*Gail Gates*

Gail Gates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-09-2003 407-299-2891

Date

Daytime Phone #

REINSTATEMENT 00-03

21 4/17