NU TU 000015568

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 FEB -8 PM 4:41

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P99000051179

1. Corporation Name: LYNANGEL (I) CORPORATION

Mailing Address: 8022 FISHER ISLAND DR. MIAMI BEACH, FL 33109

Principal Place of Business: 8022 FISHER ISLAND DR MIAMI BEACH, FL 33109

00-01

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable: same
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Principal Office Address, If Applicable: same
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/07/1999

5. FEI Number: NONE ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	COHEN, LYNNIA	8022 FISHER ISLAND DR	MIAMI BEACH, FL 33109

8. Name and Address of Current Registered Agent

SCHERE, LESLIE A. ESQ.
1865 BRICKELL AVENUE
SUITE A-207
MIAMI BEACH, FL 33109-3312

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.

Signature of Registered Agent: [signature] REGISTERED AGENT'S SIGNATURE

Date: 2/7/01

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. 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: [signature] LYNNIA COHEN 2/7/01 (305) 859-9770
Signature of or PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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CORPORATION REINSTATEMENT

LYNANGEL (I) CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00