

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S22572**

1. Corporation Name

Lynrich Inc.

W97-80799

Principal Place of Business

Mailing Address

11905 N.W. 35 St.
Coral Springs, FL 33065

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

2. New Principal Office Address, If Applicable

11905 N.W. 35 St.

3. New Mailing Address, If Applicable

11905 N.W. 35 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33065

Country

USA

Zip

33065

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

12-31-90

5. FEI Number

65-0239885

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
P	Richard Rosen	11905 N.W. 35 St.	Coral Springs, FL 33065
VP	Darin Puglise	11905 N.W. 35 St.	Coral Springs, FL 33065

800002317958--5
-10/10/97--01083--024
****365.00 ****365.00

8. Name and Address of Current Registered Agent

Richard Rosen
5730 NW 60th Pl
Parkland, FL 33067

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]

Date

REGISTERED AGENT MUST SIGN

11. 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.)

12. 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/26/97

Daytime Phone #

954-752-1717

CD20040 (12/95)



(2)

September 25, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: Lynrich, Inc.
Ref. # S22572

This letter is to serve as an explanation for why we are late on our reinstatement fees and application.

The company moved locations, and as a result we never received our reinstatement forms. Our company is very small so we do apologize for the oversight and for the inconvenience that this has caused you.

Enclosed is a check for \$365.00 that we owe for 1996 and for the past year. Again we apologize for the tardiness & inconvenience that this oversight has caused your company.

Thank you for your understanding.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard M. Rosen".

Richard M. Rosen
President