

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICANT  
**OLWOP**  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S70922**

1. Corporation Name

**LYNCH SCHOOL PRODUCTS, INC.**

Principal Place of Business

Mailing Address

**1188 S.W. 4TH STREET  
BOCA RATON FL 33486**

**1188 S.W. 4TH STREET  
BOCA RATON FL 33486**

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

**07/31/1991**

5. FEI Number

**65-0273350**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LYNCH, INGRID E.	1188 S.W. 4TH STREET	BOCA RATON FL
D	LYNCH, JAMES D.	1188 S.W. 4TH STREET	BOCA RATON FL
D	LYNCH, DEAN LEE	1188 S.W. 4TH STREET	BOCA RATON FL
			400004672144--1 -11/08/01--01011--017 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

**COSTELLO, THOMAS M CPA  
1300 N FEDERAL HWY #202  
BOCA RATON FL 33432-2848**

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

REGISTERED AGENT MUST SIGN

Date

**10/18/01**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**James D. Lynch / JAMES D. LYNCH** **10/18/01**

October 16, 2001

Florida Department of State  
Division of Corporations  
Annual Report/ Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: LYNCH SCHOOL PRODUCTS, INC.

To whom it may concern,

Please find enclosed your application for reinstatement of Lynch School Products, Inc.. I have enclosed a check for \$150 which is the amount of the renewal fee. I respectfully request that you accept this payment and reinstate my corporation. It appears that I did not receive the annual report when it was originally mailed to me and this is the reason that the report was not timely filed.

I am extremely sorry for any inconvenience this may cause you, but, I feel that it is only fair that you reinstate my corporation without payment of the reinstatement fee in light of the circumstances.

Sincerely,

  
James D. Lynch, President