PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 MAY -9 AM 10:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P92000010251

1. Corporation Name

TIGHTLINES PUBLICATIONS, INC.

Principal Place of Business	Mailing Address
2852 NO WATERFORD DR DEERFIELD BEACH,FL 33442	2852 NO WATERFORD DR DEERFIELD BEACH,FL 33442

REINSTATEMENT ao 95-97

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
2795 S.W. 11TH PL	2795 S.W. 11TH PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DEERFIELD BEACH,FL	City & State: DEERFIELD BEACH, FL
Zip: 33442 Country: USA	Zip: 33442 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/7/92

5. FEI Number: 65-0372847 ☐ 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
PD	MONTELLA, VINCE	2795 S.W. 11TH PL	DEERFIELD BEACH,FL 33442
VD	MONTELLA, ANTHONY	2795 S.W. 11TH PL	DEERFIELD BEACH,FL 33442
STD	MONTELLA, GAIL	2795 S.W. 11TH PL	DEERFIELD BEACH,FL 33442
			600002176756--5
			-05/13/97--01071--012
			***1080.00 ***1080.00

8. Name and Address of Current Registered Agent

BRAVERMAN, STEVEN D.
2021 EAST COMMERCIAL BLVD.
SUITE 304
FT. LAUDERDALE, FL 33308 USA

9. Name and Address of New Registered Agent

Name: MONTELLA, VINCE
Street Address (P.O. Box Number is Not Acceptable): 2795 S.W. 11TH PL
Suite, Apt. #, Etc.:
City: DEERFIELD BEACH, State: FL Zip Code: 33442

CR2E040 (12/96)

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 MUST SIGN Date: 5/1/97

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

Date: 4/22/97 Daytime Phone #: 954-570-7174