

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB 14 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 660484

1. Corporation Name

INTER-LINE VAULTS INC

2. Principal Office Address

805 BARREL AVE

Suite, Apt. #, etc.

City & State

FT. PIERCE FLA

Zip

34982

Country

ST. LUCIE

3. Mailing Office Address

805 BARREL AVE

Suite, Apt. #, etc.

City & State

FT. PIERCE FLA

Zip

34982

Country

ST LUCIE

4. Date Incorporated or Qualified
To Do Business in Florida

1978

5. FEI Number

59-1996000

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

DOUGLAS F. SKIDMORE

000003746200

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

3603 RIVER BIRCH DR

Suite, Apt. #, Etc.

City

FT. PIERCE

State

FL

Zip Code

34982

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

DOUGLAS SKIDMORE

Date 2/7/01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES TREAS	DOUGLAS SKIDMORE	3603 RIVER BIRCH DR	FT. PIERCE FLA 34982
V. PRES SEC	PAMELA SKIDMORE	3603 RIVER BIRCH DR	FT. PIERCE FLA 34981

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)(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:

DOUGLAS SKIDMORE

2/7/01

Date

561-466
1025

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR