2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000002266

Entity Name: DIRECT LINE COMMUNICATIONS, INC.

FILED Mar 19, 2009 Secretary of State

Entity Na	me: DIRECT	LINE COMMUNICATIONS, INC).		
Current Principal Place of Business:			New Principal Place	of Business:	
	CHIGAN ST., S END, IN 4660				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOC GRANGE	418 R, IN 46530				
FEI Number	: 35-1858601	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
1201 HAY	ATION SERVION S STREET SSEE, FL 323	CE COMPANY 01 US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE: ELIZABE	TH R. KONIECZNY			
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PEMBERTON,	AN ST., STE 600	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DAVIS, JOHN) Delete AN ST., STE 600 IN 46601	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TANGER, STE	AN ST., STE 600	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DST (BERTSCH. KE) Delete NT	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: WILLIAM PEMBERTON PRES 03/19/2009

202 S. MICHIGAN ST., STE 600

SOUTH BEND, IN 46601

Address:

City-St-Zip: