PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPHOVED

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REII	NSTATEMEN



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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M07859

1. Corporation Name

COUNTY LINE CONTRACTORS, INC.

Principal Place of Business

Mailing Address



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SECRETARY OF STATE FALLAHASSEE, FLORIDA

			TH ST. #362 RDALE FL 33316							
If above a	ddresses are	incorrect in any way, lir	e through incorrect in	nformation a	nd enter o	correction below.				
			ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 11/16/1984					
Suite, Apt. #, etc. Suite		Suite, Apt. #	ite, Apt. #, etc.		5. FEI Number		Applied For			
City & State		City & State	City & State				59-2466183	Not Applicable		
Zip Country Zip		Zip	Country		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status					
7. Names	and Street Ad	dresses of Each Office	and/or Director (Fig	rida nonpro	fit corpora	tions must list at lea	ast 3 directors)			
Title(s)	Name of Officers			Street Address of Each Officer and/or Director			City / State / Zip			
PD				19240 SW 218TH ST			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	GOULDS FL		
STD	JANE, PATRICIA L.			1625 SE 10TH AVE #210				FT. LAUDERDALE FL		
٧	JACOBS, LYLE			6337 SW 19TH ST				MIRAMAR FL	· ·	
D	D GREEN, RODNEY N.			7366 PINEWALK DR. SOUTH				MARGATE FL 33063		
	,					1	20	0003455 -11/07/00-	7726 -01101022 -****758.75	
	R	EINSTAT	ENENT	2	000			- ************************************		
	8. Nan	ne and Address of Cu	rent Registered Ag	ent			Name and Address of New Registered Agent			
						Name				
· · · · · · · · · · · · · · · · · · ·				P.O. Box Number is Not Acceptable)						
19240 SW 218TH ST GOULDS FL 33170 Suite.				Suite, Apt. #, Etc	, Apt. #, Etc.					
			_			City		F	Zip Colle	
10. I, being	g appointed th	ne registered agent of the	,				bligations of Secti	on 607.0505, F.S.		
Signature o	of Agent	1/2012	ATUR	1 816	$-(z_s^2)$			Date	19/00	
MARV		FRIEDMA	S REGISTERED AC	SENT MUST	SIGN	<u></u>			<u>υ΄</u>	
11. I certify this reir	that I am an enstatement ap	V officer or director or the	receiver or trustee e	mpowered to	execute	this application as parate name satisfies	provided for in cha the requirements	pter 607 or 617, F.S. I furt of section 607.0401 or 61	her certify that when filing 7.0401, F.S., that all fees	

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 filling 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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/0/18/00 Date Daytime Phone #