PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATE BY  DOCUMENT # MO 7859  1. Corporation Name  COUNTY LINE CO	Sec DIVISIO	EPARTMENT OF S  Jim Smith  Eretary of State  N OF CORPORATIONS		FILE 02 DEC 23 SECRETALY ( TALLAHASSEE) 8000967 12724/02010600	PM 12: 56 OF STATE FLORIDA	
2. Principal Office Address						
10871 W 52 5TWIT			a	•		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		<b>4.</b> D	ate Incorporated or Qualified		
City & State	City & State			To Do Business in Florida 1984		
SUNESC Fla	e Flo Source FIA		5. FI	2466183	Applied For Not Applicable	
7ip Country 33351 USA	zip 3335/	Country	6.			
	<b>7.</b> Name	and Address of Curren	t Registered Ager	nt		
Street Address (P.Q. Box Number is Not Acceptable)  Surface Address (P.Q. Box Number is Not Acceptable)  Surface Apt. #, Etc.  Surface Apt. #, Etc.  Surface Apt. #, Etc.  Surface Apt. #, Etc.  State FL Zip Code FL 33356  8. 1, 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	REGISTERED AGENT	MUST SIGN	•		(F.S. 20もつ 161 Basses)	
9. Names and Street Addresses of Each Officer a	nd/or Director (Florida	nonprofit corporations mu	ist list at least 3 dire	ectors)		
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City /	/ State / Zip	
PARS HOUR DEISON		19270 JW 21851		MIMI F	7. 3335/	
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10 Loodifutbold	sives es trusta	world to promit the term of	action of the state of	for in about 207 017 5 0 11	the continues of the state of t	
10. I certify that I am an officer or director or the recthis reinstatement application, the reason for discowed by the corporation have been paid and the on this application is true and accurate, and my SIGNATURE:	solution has been eline names of dividuals	ninated, the corporate nam listed on this form do not o	ne satisfies the requ qualify for an exemp nade under oath.	irements of section 607.0401 or 6	17.0401, F.S., that all fees	
SIGNATURE AND TYPED OR P	RINTED NAME OF SIGN	ING OFFICER OR DIRECTOR	₹	Date	Daytime Phone #	
HARULY A. FLIZOMON 91 12/20						



December 23, 2002

Department of State Division of Corporation 409 East Gaines Street Tallahassee, fl 32399

I was told to write this letter by your agent to ask if penalties or late charges would not be charge to reinstate County Line Contractors, Inc. as we had a change in address and the department was notified but the 2002 Annual report was not sent to the new address. I would appreciate that very much if you would. Please except this money order for the \$150,00 for registration of the Annual Report.

Thank You

Harvey A. Friedman

President