

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 APR 30 PM 4: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000019246

1. Corporation Name

LAW ONLINE INC.

**REINSTATEMENT** 03-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

1128-325 ROYAL PALM BEACH BLVD

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

325

Suite Apt. #, etc.

11

City & State

ROYAL PALM BEACH

City & State

11

Zip

33411

Country

USA

Zip

33411

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/23/2000

5. FEI Number

650984622

☒ 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

MICHAEL EISEN

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

17305 SE 165TH AVE

Suite, Apt. #, Etc.

City

WINTERDALE

State

FL

Zip Code

32195

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

(SEE ATTACHED SIGNED FORM)

REGISTERED AGENT MUST SIGN

Date NOV 30 2006

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
<u>Pres.</u>	<u>NORM HEARNICK</u>	<u>34-180 EGLINTON AVE W.</u>	<u>TORONTO</u>
			<u>ONTARIO CANADA</u>
			<u>M4R 2H6</u>
			<u>300108131583</u>
			<u>05/24/07--01009--015 **750.00</u>

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NOV 30/06/1-866-214 1647