

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 19 PM 6:55

DOCUMENT # P00000023569

1. Corporation Name

A.K.A. LINEMEN, INC.

Principal Place of Business

2418 CLARO DR.  
JACKSONVILLE FL 32211

Mailing Address

2418 CLARO DR.  
JACKSONVILLE FL 32211



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/01/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	Franklin M. Snyder	2418 Claro Drive	Jacksonville, FL 32211
V	Jason M. Klein	2713 Woolery Drive	Jacksonville FL 32211

3000004669869-3  
-11/06/01--01091--012  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SNYDER, FRANKLIN M  
2418 CLARO DR.  
JACKSONVILLE FL 32211

Name  
Dawn R. Snyder  
Street Address (P.O. Box Number is Not Acceptable)  
2418 Claro Drive  
Suite, Apt. #, Etc.

City  
Jacksonville

State  
FL

Zip Code  
32211

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Dawn R. Snyder*  
REGISTERED AGENT MUST SIGN

Date

10/16/01 AD

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 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:

*Franklin M. Snyder* FRANKLIN M SNYDER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/01

Daytime Phone #

904-744-  
2828

-2-

AKA Linemen, Inc.  
2418 Claro Drive  
Jacksonville, FL 32211

October 16, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

We are a new business and we were not aware of having to renew our Corporation status each year. Your customer service department said we should have received a renewal form and bill for \$150.00. To my knowledge this was never received. I would have taken any forms to the accountant for explanation and help filling them out properly. We do now understand that in January of each year we have to renew our status with the State of Florida. Our first accountant that set up our corporation failed to mention we would be doing this each year. Please wave the extra \$500.00 fee since we never received a bill.

Thank you in advance for your help with this matter.

Sincerely,



Dawn R. Snyder  
Office Manager  
New Registered Agent