

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 JUN -3 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000051618

1. Corporation Name

D LINE MARINE

2. Principal Office Address

3. Mailing Office Address

757 SE 17th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

703

City & State

City & State

FT LAUDERDALE FL

Zip

Country

Zip

Country

33316

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-06/14/02--01064--001

****300.00 ****300.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FE Number

65-1012169

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

DOUG WERNICK

201.25 AR

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

757 SE 17th ST # 703

10.00-ARARIS

Suite, Apt. #, Etc.

FT LAUDERDALE FL 33316

89.75-ARARIS

City

State
FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 5.29.02

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
PRES	DOUG WERNICK	757 SE 17th ST # 703	FT LAUDERDALE FL 33316

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 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:

[Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5.29.12

Daytime Phone #