

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 MAY 26 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P00000109324*

1. Corporation Name

PRIVACY LINER INC
6625 MIAMI LAKES DRING, STE # 230
MIAMI LAKES, FL 33014

2. Principal Office Address

(SAME AS ABOVE)

3. Mailing Office Address

(SAME AS ABOVE)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

☒ 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

David Meyer

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

13366 NW 16 ST

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33028

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 *3/3/05*

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
<i>PRES</i>	<i>ROBERT GOODNOUGH</i>	<i>6625 MIAMI LAKES DR STE #320</i>	<i>MIAMI LAKES, FL 33014</i>

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/05 305-909-3408

Daytime Phone #

CR2504 (01/01/04)

May 31, 2005

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

To Whom It May Concern:

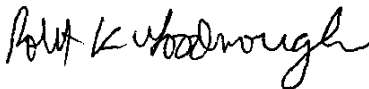
Re: P00000109324

With regard to my telephone conversation with your office I am enclosing a check for Seven Hundred and Fifty Dollars (\$750.00) to cover the reinstatement fee for Privacy Liner, Inc. 6625 Miami Lakes Drive, Suite 230, Miami Lakes, Florida 33014.

I am very sorry for the delay in reinstating this corporation. This resulted from our relocating and our mail being lost in the transition. Please waive all other applicable fees related to the reinstatement of this corporation.

Sincerely,

PRIVACY LINER, INC.



Robert K. Goodnough
President.

RKG/mdm

Enclosures: 1. Check
 2. Reinstatement Application

May 31, 2005

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

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PRIVACY LINER, INC.

Robert K. Goodnough
President.

RKG/mdm

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PS We did not receive any notices for the year 2001 and especially would like these fees to be waived.