

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -4 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P01000071867**

1. Corporation Name

**CLINE'S TOWER SERVICE, INC.**

Principal Place of Business

Mailing Address

**2578 VENICE DRIVE  
PALM BEACH GARDENS FL 33410**

**P.O. BOX 31867  
PALM BEACH GARDENS FL 33420**

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

**2578 VENICE DRIVE**

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/12/2001**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**PALM BEACH GARDENS, FL**

5. FEI Number

**65-1120007**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33410**

**USA**

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required  
for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	JOSEFYK, MARY CLINE	2578 VENICE DR	PALM BEACH GARDENS FL 33410
VP	BURNGARDNER, DONNA CLINE	7570 163RD CT N	PALM BEACH GARDENS FL 33418

**100025193031  
12/03/03--01055--007 \*\*158.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**GERTH, BARBARA C  
2602 VENICE DRIVE  
PALM BEACH GARDENS FL 33410**

Name

**Mary Cline Josefyk**

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

**2578 Venice Drive**

Suite, Apt. #, Etc.

City

**Palm Beach Gardens**

State

**FL**

Zip Code

**33410**

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

**AGENT**

Date

**11/11/03**

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:

*[Signature]*

**PRESIDENT**

**11/11/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

**CLINE'S TOWER SERVICE, INC.**

2578 Venice Drive, Palm Beach Gardens, FL 33410  
(561) 622-7703

November 11, 2003

Florida Department of State  
Glenda E Hood, Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

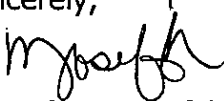
RE: Waiver Request of Reinstatement Penalty  
Doc #P01000071867

Dear Ms. Hood,

Enclosed please find our Application for reinstatement enclosed. An examination of our records indicate that we did not receive the UBR notices. We ask that you waive the penalty fees associated with filing this report. Our check in the amount of \$158.75 is enclosed to cover the cost of the filing and the issuance of a Certificate of Status.

Your prompt attention to this matter of mutual interest is appreciated.

Sincerely,



Mary Cline Josefyk, President and Registered Agent  
Cline's Tower Services, Inc.

MCJ:sjw

cc: On file

Enclosure: Company Check