

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -7 PM 6:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000080370

1. Corporation Name

LAY LINE, INC.

2. Principal Office Address

3521 COMMODORE

3. Mailing Office Address

3521 COMMODORE CIRCUS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DEL 1204 8500, FL

Zip

33483

Country

Zip

33483

Country

REINSTATEMENT 02-03 WOP

4. Date Incorporated or Qualified
To Do Business in Florida

Aug. 13, 2001

5. FEI Number

651143976

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

RICHARD BULLMAN % SAX SACH & KLEIN

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

301 YAMATO ROAD

600024526096

Suite, Apt. #, Etc.

Suite 4150

11/07/03--01070--023 **301.00

City

BOCA RATON, FL

State

FL

Zip Code

33431

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

Date 11/04/03

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	MICHAEL LYMAN	3521 COMMODORE CIRCUS	DELRAY BEACH, FL 33483

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03 561-276-8471

Date

Daytime Phone #

CR2E081 (10/02)

252

September 15, 2003

Via Certified/Return Receipt

Secretary of State
Ms. Glenda E. Hood
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

**RE: Uniform Business Report for
Lay Line, Inc.
Document # P01000080370**

Dear Ms. Hood:

I was recently advised that my company Lay Line, Inc. was administratively dissolved for failure to pay 2002/2003 Uniform Business Report ("UBR").

I understand that a \$550.00 fee must be submitted with a UBR form to reinstate the corporation. However, I would like to inform the Department that I did not receive either a 2002 or 2003 UBR. As a result, I would respectfully request that the Department waive the late filing fees each year of \$550.00 and accept the \$300.00 filing fee for both years that is enclosed.

Should your department need any further information and/or any questions regarding the foregoing, please feel free to contact me.

Respectfully submitted,

LAY LINE, INC.

Michael Lyman

561-276-8471