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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 14 AM 8:00

REINSTATEMENT 03

DOCUMENT # PD1000115965

1. Corporation Name

LINEA, INC.

2. Principal Office Address

13601 BISCAYNE BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33181

Country

U.S.A.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-5-2001

5. FEI Number

26-000705Y

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

MAYLIN GONZALEZ

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

13601 BISCAYNE BLVD.

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33181

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

✓

REGISTERED AGENT MUST SIGN

Date

✓

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
P	MAYLIN GONZALEZ	8270 N.W. 132 ND ST.	MIAMI LAKES, FLORIDA 33016

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:

Maylin Gonzalez / President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/9/04

Daytime Phone #

305-945-3024

MAYLIN GONZALEZ
DIRECTOR.

CRCE081 (10/02)

282

LINEA, INC.
13601 BISCAYNE BLVD.
MIAMI, FLORIDA 33181

December 30, 2003

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: Corporation Reinstatement
Document Number: # P01000115965

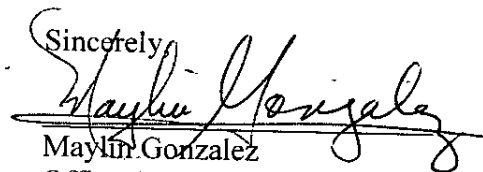
Dear Sir/Madam:

Enclosed please find the Corporation Reinstatement form and a check in the amount of \$ 150.00 for the filing fees. We hereby request that the \$ 600 reinstatement fee be waived based on the following reasons:

I Maylin Gonzalez am an officer/director of the above stated corporation. Additionally, for the record, the above stated corporation never received the 2003 Uniform Business Report and any subsequent notices indicating that company would be rendered inactive by means of Administrative Dissolution if report was not filed and fee paid. The company moved and changed its address during the prior year and never received the notices. The company was informed that the corporation was rendered inactive by a third party and has now prepared and submitted the Corporation Reinstatement form. The company has a past record of compliance with the department of state.

If you have a further questions please do not hesitate to contact me.

Sincerely,



Maylin Gonzalez
Officer/Director

Encl: