

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 15 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001000117981

1. Corporation Name

CBL Online INC

2. Principal Office Address

3001 aloma ave

3. Mailing Office Address

7226 W. Colonial Drive

Suite, Apt. #, etc.

Fla 100

Suite, Apt. #, etc.

#288

City & State

Winter Park FL

City & State

Orlando FL

Zip

32792

Country

Orange

Zip

32818

Country

Orange

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

13th dec 2007

5. FEI Number

010578885

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

Foulk, Charles

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

7226 w. colonial drive

Suite, Apt. #, Etc.

#288

City

Orlando

State
FL

Zip Code

32818

REINSTATEMENT

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**

Charles Foulk

Date

10/15/04

REGISTERED AGENT MUST SIGN

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/t	Foulk, Charles	7226 w colonial drive #288	Orlando /fl/32818

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:

Charles Foulk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/04

Date

321-356-5908

Daytime Phone #

CR2E081 (01/04)