

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000121183

1. Corporation Name

THE THREE LINS, INC.

Principal Place of Business

Mailing Address

1906 CR 452-
EUSTIS FL 32726

1906 CR 452-
EUSTIS FL 32726

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

384 W. BURLEIGH BLVD
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

384 W BURLEIGH BLVD
Suite, Apt. #, etc.

City & State

TAVARES FL
Zip 32778 Country

City & State

TAVARES, FL
Zip 32778 Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/2002

5. FEI Number

01-0548188

Applied For

Not Applicable

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	MACHAMER, MELISSA L	1906 CR 452 384 W. BURLEIGH BLVD	EUSTIS FL 32726 TAVARES FL
VP/Pres	MACHAMER, MELINDA L	384 W BURLEIGH BLVD	TAVARES, FL

400024392854
11/04/03--01005--002 **150.00

8. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DRIVE
CLEARWATER FL 33761

9. Name and Address of New Registered Agent

Name

MELINDA L MACHAMER

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

384 W BURLEIGH BLVD

Suite, Apt. #, Etc.

City

TAVARES

State

FL

Zip Code

32778

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

REGISTERED AGENT MUST SIGN

Date

10-28-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Melissa Machamer

10-28-03 352-253-5555

CR2E040 (7/03)

10-29 Fed X

The Three Lins, Inc.

384 West Burleigh Boulevard
Tavares, Florida 32778
352-253-5555

October 28, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314

Re: The Three Lins, Inc.

Original

Dear Sirs:

I hereby request you waive our reinstatement fee. I have no record that we received any prior UBR notices. If we had received prior notices, we would definitely have filed, since we have no intention of dissolving the corporation.

Sincerely,



Melissa L. Machamer
President
