

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 -5 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000093127**

1. Corporation Name

**INLINE TRANSPORT SERVICE INC.**

**REINSTATEMENT** 23



700025259407  
12/05/03--01053--019 \*\*750.00

Principal Place of Business

Mailing Address

7060 NOVA DRIVE  
SUITE 101-C  
DAVIE FL 33317

7060 NOVA DRIVE  
SUITE 101-C  
DAVIE FL 33317

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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/27/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

76-0711627

Not Applicable

Zip

Country

Zip

Country

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
D	SHIELDS, ADRIAN	7060 NOVA DRIVE #101-C	DAVIE FL 33317

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SHIELDS, ADRIAN~~  
~~7060 NOVA DRIVE~~  
~~SUITE 101-C~~  
~~DAVIE FL 33317~~

(Same)

Name

ADRIAN SHIELDS

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

7060 NOVA DR 101-C

Suite, Apt. #, Etc.

101-C

City

DAVIE

State

FL

Zip Code

33317

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 10/13/03

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:

ADRIAN SHIELDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03 984-916

Daytime Phone # -0646

CR2040 (7/03)