

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000089552

1. Entity Name
FINE LINE ENGINEERING, INC.



FILED

2005 JUL 29 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
880 PEEPLES DRIVE
W. PALM BEACH, FL 33415 US

Mailing Address
880 PEEPLES DRIVE
W. PALM BEACH, FL 33415 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07252005 REIN-P CR2E098 (6/04)

4. FEI Number
11-3701140

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAN VICENTE, JOHN A
2450 ARMOUR TERRACE
NORTH PORT, FL 34286

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JOHN A. SAN VICENTE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

JULY 25, 2005

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P/D ☐ Delete
NAME FREJO, GEORGE
STREET ADDRESS 880 PEEPLES DRIVE
CITY-ST-ZIP W. PALM BEACH, FL 33415

TITLE VP/D ☐ Delete
NAME ROTH, FRANK
STREET ADDRESS 352 N. W. 46TH STREET
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE T/D ☐ Delete
NAME SAN VICENTE, JOHN A
STREET ADDRESS 2450 ARMOUR TERRACE
CITY-ST-ZIP NORTH PORT, FL 34286

TITLE S/D ☐ Delete
NAME VAZQUEZ, SERGIO
STREET ADDRESS 241 N.W. 132ND COURT
CITY-ST-ZIP MIAMI, FL 33182

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

7-29-05 (561) 635-1345

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