2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000119172

1. Entity Name
INLINE CONNECTIONS, INC.

FILED
05 SEP -7 PM 1:27
100059381531
09/07/05--01010--017 **300.00

Principal Place of Business	Mailing Address
8763 E GULF TO LAKE HWY LOT #1 INVERNESS, FL 34450	8763 E GULF TO LAKE HWY LOT #1 INVERNESS, FL 34450

08092005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
5340 SW 164th Street Road	5340 SW 164th Street Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, FL 34473	City & State: Ocala, FL
Zip: 34473 Country: USA	Zip: 34473 Country: USA

4. FEI Number: 01-0634102 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OUIMETTE, RON R 8763 E GULF TO LAKE HWY LOT #1 INVERNESS, FL 34450	Name: Ouimette, Ron R Street Address (P.O. Box Number is Not Acceptable): 5340 SW 164th Street Road City: Ocala FL Zip Code: 34473

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: [signature] 8-9-05
(Signature of typed or printed name of Registered Agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP OUIMETTE, RON R 8763 E GULF TO LAKE HWY LOT #1 INVERNESS, FL 34450	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Ouimette, Ron R 5340 SW 164th Street Road Ocala, FL 34473	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 09-05	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 8-905 - 352-400-0113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #