

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 MAR 24 PM 2:51

DOCUMENT # P05000117602

1. Corporation Name

TRUE LINE CORPORATION OF HERNANDO INC.

2. Principal Office Address - No P.O. Box #

14225 HENDRY CT

Suite, Apt. #, etc.

City & State

HUDSON, FL

Zip

34667

Country

US

3. Mailing Office Address

14225 HENDRY CT

Suite, Apt. #, etc.

City & State

HUDSON, FL

Zip

34667

Country

US

REINSTATEMENT 07-09ks

4. Date Incorporated or Qualified  
To Do Business in Florida

08/23/05

5. FEI Number  
20-3347195

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

JAMES MARCI

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

2280 COMMERCIAL WAY

Suite, Apt. #, Etc.

City

SPRING HILL, FL

State

FL

Zip Code

34606

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 03/20/09

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
PD	DAVIS, JAMES	14225 HENDRY CT	HUDSON, FL 34667

200147016902  
03/24/09--01004--023 \*\*450.00

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 contained in Chapter 119, 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:

JAMES DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/09

Date

727-819-8616

Daytime Phone #