

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -2 PM 12:21

DOCUMENT # **P05906**

1. Corporation Name

THE PHONE LINE, INC.

Principal Place of Business

3511 5TH AVE N
ST PETERSBURG FL 33713

Mailing Address

3511 5TH AVE N
ST PETERSBURG FL 33713



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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1985

5. FEI Number

31-0914963

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
PD	PARKER, GARY A.	5355 61ST AVE S 603 Rye Road E.	ST. PETERSBURG FL 33715 Bradenton, FL 34212
STD	PARKER, KIMBERLY J.	5355 61ST AVE S 603 Rye Road E.	ST. PETERSBURG FL 33715 Bradenton, FL 34212

780004769357-0
-01/11/02--01048--006
****750.00 ****750.00

11/14/01

8. Name and Address of Current Registered Agent

PARKER, GARY A.

~~4401 44TH ST. S.~~

~~ST. PETERSBURG FL 33711~~

603 Rye Road E.
Bradenton, FL 34212

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of
Registered Agent

Gary A. Parker
REGISTERED AGENT MUST SIGN

Date

11-14-01

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 #

11-14-01 727-328-2800

CR2040 (8/01)