## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DO	CU	ΙM	ΕI	N٦	Γ#

1. Corporation Name

THE PHONE LINE, INC.

Principal Place of Business

Mailing Address

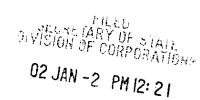
3511 5TH AVE N

SIGNATURE:

ST PETERSBURG FL 33713

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ST PETERSBURG FL 33713



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						schon below.					
New Principal Office Address, If Applicable     3. New Ma			J. New Mail	iling Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     October				_	
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #	#. etc.				05/06/1985				
Outo, Apr. #, oto.			,		5. FEI Number				Applied For		
City & State City & State		City & State	9			İ	31-0914963			Not Applicable	
						6.			j	, ,	
Zip		Country	Zip		Country		S6./5 /		Additional Certif	onal Fee required icate of Status	
7. Names	and Street Ad	dresses of Each Officer and	d/or Director (Flo	orida nonprofit	corporations	s must list at lea	st 3 directors)				
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip					
PD	PARKER, GARY A.			5359-61ST-AVE-9		ST. PETERSBURG FL-69745-					
			603 Rye Road E.			Bradenton, FL 342			212		
STD PARKER, KIMBERLY J.				5355 813T-AVE-8 603 Rye Road C.			STPETERSBURG FL-39745				
				603	Rye 1	Road E	<i>,</i>	Bradento	n, K	34	212_
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										M	1/4001
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent						
					N.	ame					
PARKE	R, GARY A.		_								
-ST. PETERSBURG FL-33711 Bradenfon, FL 342/2			Si	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.							
- <del>51. I C</del>	I EHODONO-	Hissail Graden	10h,12 3	42/2	3	uite, Apt. #, Etc.					
					Ci	ity			State	Zip Cod	de
									FL		
10. I, being	g appointed the	e registered agent of the at	ove named corp	oration, am fan	niliar with ar	nd accept the ob	oligations of Secti	on 607.0505, F.S.			
			_								

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 filling 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.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR