

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 OCT 28 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000011545

1. Corporation Name

INTERLINE NETWORK SERVICES, INC

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

3115 W COLUMBUS DR

3. Mailing Office Address

3115 W COLUMBUS DR

Suite, Apt. #, etc.

SUITE 106

Suite, Apt. #, etc.

SUITE 106

City & State

TAMPA

City & State

FLORIDA

Zip

33607

Country

USA

Zip

33607

Country

USA

100187237821
10/29/10--01043--001 ***900.00

REINSTATEMENT 09-10

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/2007

5. FEI Number

80-00291334

☐ 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

MCCALLA LESLIE

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

3115 W COLUMBUS DR

Suite, Apt. #, Etc.

SUITE 106

City

TAMPA,

State

FL

Zip Code

33607

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

Date

REGISTERED AGENT MUST SIGN

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
P	LESLIE MCCALLA	20743 AUBURN LEAF TRAIL	LAND O LAKES, FL 34638

10. E-mail Address: **hrdowd@verizon.net**

(To be used for future annual report notification)

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. I further certify, 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:

Leslie McCalla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/10

Daytime Phone #