

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Gingerine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN -4 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000025014

1. Corporation Name

Shorcline Express Inc

2. Principal Office Address

13231 EASTERN AVE

Suite, Apt. #, etc.

Suite 3

City & State

PALETTA, FL

Zip

34221

Country

USA

3. Mailing Office Address

P.O. Box 7187

Suite, Apt. #, etc.

City & State

SUN CITY, FL

Zip

33586-7187

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3173575

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

Timmy S. Adams

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

2404 7TH CT E.

Suite, Apt. #, Etc.

City

Ellenton

State

FL

Zip Code

34222

000003534060-3
-01/12/01--01008--003
*****450.00 *****450.00

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

Timmy S. Adams

REGISTERED AGENT MUST SIGN

Date Jan 02 2001

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
D	Timmy S. Adams	2404 7TH CT E.	Ellenton FL 34222
			LS

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 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:

Timmy S. Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan 02 2001 991-721-1702

Daytime Phone #

CR2E081 (9/99)

2002

To whom it may concern: 1/2/01

I am asking you to please waive the reinstatement fee because of Annual reports being lost in the mail. I am sending you 99-00-01 UBR FEE'S of \$450.00.

Thank you.

Shoreline Express, Inc

