

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

00 SEP 27 AM 8:41

DOCUMENT # **PP3500033548**

1. Corporation Name

The Stork Line, Inc.

W-1961D

2. Principal Office Address

931 St Rd 434 Suite 1201-241

Suite, Apt. #, etc.

1201-241

3. Mailing Office Address

234 Suite 1201-241

City & State

Altamonte Springs

City & State

FL

Zip

32714

Country

Orange

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1993

5. FEI Number

59-3186203

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

Jan Walker

588803417085

10/06/00 01087 004

****1050.00 ***1050.00*

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

931 St Rd 434 Suite 1201-241

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32714

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

Jan M. Walker

REGISTERED AGENT MUST SIGN

Date

7-14-00

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
Treas.	<i>Sarah Sparrell</i>	<i>931 St Rd 434 above Suite 1201-241</i>	<i>Altamonte Sp FL 32714</i>
Pres.	<i>Jan Walker</i>	<i>931 St. Rd 434 above Suite 1201-241</i>	<i>Altamonte Sp FL 32714</i>
VP.	<i>Larry Walker</i>	<i>931 St. Rd 434 above Suite 1201-241</i>	<i>Altamonte Sp FL 32714</i>

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:

Sarah Sparrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sarah Sparrell

Date

7-14-00

Daytime Phone #

407-884-5492

CR2E081 (9/99)