PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS | | FILED 05 JAN-6 AM 9: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
|---|--|--|---|--|--|
| DOCUMENT # P 94000014201 1. Corporation Name STATELINE INC. | | | SECRE IA | SSEE. FLÖRIDA | |
| 2. Principal Office Address 7333 Miami Jakes Li | | | REINSTATEMENT 0505 | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | A Para la | | 1705 | |
| City & State | City & State | State | | 4. Date Incorporated or Qualified To Do Business in Florida 2 /18/1994 | |
| Mianu Jakes, Fr- | Zip (| Country | 5. FEI Number Applied For Not Applicable | | |
| 33014 USA | | Colored Colore | CERTIFICATE OF STATI | US DESIRED S8.75 Additional Fee required | |
| 7. Name and Address of Current Registered Agent Name | | | | | |
| Haelind Hgostinho Street Address (P.O. Box Number is Not Acceptable) 7333 Hiami Jaks Di- Suite, Apt. #, Etc. 691 City Miami Jaks Missing State Zip Code FL 33014 | | | | | |
| 8. I, being appointed the registered agent of the glove named constitution, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date | | | | | |
| Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at let Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at let Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at let Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at let Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at let Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at let Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at let Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at let Name of Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at let Name of Street Address of Each Officer and Organization (Florida nonprofit corporations must list at let Name of Street Address of Each Officer and Organization (Florida nonprofit corporations must list at let Name of Street Address of Each Officer and Organization (Florida nonprofit corporations must list at let Name of Street Address of Each Officer and Organization (Florida nonprofit corporations must list at let Name of Street Address of Each Officer and Organization (Florida nonprofit corporation (F | | | ······ | City / State / Zio | |
| Titles Officers and/or Directors | | Officer and/or bifector | | City / State / Zip | |
| P. Adelino Agost | 1 NHO 1 733 | 7333 Miami Jakes Dr.) Dute # 691 | | Miani Lakes, | |
| | July / Ju | ite #-64 | | P13-301-4- | |
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| | | | 20004 01/06/050 | 14212832 1031018 **450.00 | |
| | 1. | | | | |
| 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 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 rain 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 the same legal effect as if made under oath. SIGNATURE: J J g/04 - 786-313-007/ | | | | | |