

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **194000053919**

1. Corporation Name

FLATLINE ENTERPRISES INC.

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

1415 BRETON LN

Suite, Apt. # etc.

City & State

PORT ST. LUCIE, FL

Zip

County

34952

3. Mailing Office Address

Suite, Apt. # etc.

City & State

Zip

County

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/2002

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

CHARLES R VAN ASSCHE

1415 BRETON LN

PORT ST. LUCIE

State
FL

34952

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Charles R Van Assche

REGISTERED AGENT MUST SIGN

Date **5-04-07**

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
SEC. TREASURER	VERONICA J VAN ASSCHE	1415 BRETON LN	PORT ST. LUCIE, FL 34952

REINSTATEMENT

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 contained in Chapter 119, 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:

Veronica J Van Assche

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FLATLINE ENTERPRISES
1415 Breton Lane
Port St. Lucie, FL 34952
(772) 335-0886 Fax 337-4596
E-MAIL: chcktwo@aol.com

DIVISION OF COROPATIONS

RE: DOCKUMENT# P92000053919

I'm enclosing my file on my payments for my Annual Report for 2006&07


On April 30,2007 on a telephone call to your Dept. I was informed that my fax machine did not send the full copy of my 2006 Report.

I did not receive your request for more information for my 2006 report.

We were in Michigan after May 1,2006

We will be retuning Michigan about May 31,2007.
The address is: 48481 Harbor Dr.
Chesterfield, Mi 48047

Thank You,


C\ R. Van Assche