

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 29 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # # P95000045316

1. Corporation Name

TRIMLINE FLEET GRAPHICS INTERNATIONAL, INC

2. Principal Office Address

2755 W 81 ST

Suite, Apt. #, Etc.

City & State

HIALEAH FL, 33016

Zip

Country

3. Mailing Office Address

2755 W. 81 ST

Suite, Apt. #, Etc.

City & State

HIALEAH, FL 33016

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in 06/06/1995**

5. FEI Number

65-0595932

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

HULAN RANDELL V

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

2995 SW 174 AVE

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33029

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	HULAN IVAN M	9430 SADDLEBROOK DRIV BOCA RATON FL 33496	
VP	HULAN JEFFREY	P.O. BOX 16 N/A JEFFERTS NEWFOUNDLAND CAN	
T	HULAN RICHARD	P.O. BOX 27 N/A JEFFERTS NFLD CND	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/02

Daytime Phone #

CR2E081 (9/01)