

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION
REINSTATEMENT

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

FILED

01 JUL 23 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000070947**

1. Corporation Name

TECH-LINE BODY SUPPLY CO., INC.

2. Principal Office Address

4630 N. UNIVERSITY DR.

Suite, Apt. #, etc.

#311

City & State

CORAL SPRINGS, FL

Zip

33067

Country

USA

3. Mailing Office Address

4691 N. UNIVERSITY DR.

Suite, Apt. #, etc.

#311

City & State

CORAL SPRINGS, FL

Zip

33067-4620

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/1/95

5. FEI Number

65-0606131

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

DIGIOVANNI, JOHN R.

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

4691 N. UNIVERSITY DRIVE

Suite, Apt. #, Etc.

#311

City

CORAL SPRINGS

State

FL

Zip Code

33067

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

REGISTERED AGENT MUST SIGN

Date

7/13/01

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	DIGIOVANNI, JOHN R.	4691 N. UNIVERSITY DR. #311	CORAL SPRINGS, FL 33067

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

Daytime Phone #

7/13/01 346 2561

CR2E081 (9/00)