

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV -4 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000077058**

1. Corporation Name

INLINE PROPERTIES, INC.

Principal Place of Business

Mailing Address

~~7471 WEST OAKLAND PARK BLVD. STE 102
LAUDERHILL, FL 33019~~

~~7471 WEST OAKLAND PARK BLVD. STE 102
LAUDERHILL, FL 33019~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5600-67 GODFREY RD.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5600-67 Godfrey Rd.
Suite, Apt. #, etc.

City & State

Pompano Bch., FL

City & State

Pompano Bch., FL

Zip

33067

Country

USA

Zip

33067

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business In Florida

10/09/1995

5. FEI Number

65-0617563

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PSTD	ANDY, JOSEPH P	7471 WEST OAKLAND PARK BLVD. STE 5600-67 Godfrey ROAD	LAUDERHILL FL 33019 Pompano Bch., FL 33067

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-11/08/96--01090--009

*****375.00 ***375.00**

JB11-7-96

8. Name and Address of Current Registered Agent

~~SHUPACK, RYN D. 510~~
7471 WEST OAKLAND PARK BLVD. STE. 102
LAUDERHILL FL 33019

9. Name and Address of New Registered Agent

Name **JOSEPH P. ANDY**
Street Address (P.O. Box Number is Not Acceptable)
5600-67 Godfrey ROAD
Suite, Apt. #, Etc.

Pompano Bch.

State
FL

Zip Code
33067

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11-1-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-96

Date

Daytime Phone #

CP2300 (7/95)