

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000094408

1. Corporation Name

CORPORATE CONNECTION LINES, INC.

Principal Place of Business

177 NW 18TH AVE
FORT LAUDERDALE FL 33311
US

Mailing Address

177 NW 18TH AVE
FORT LAUDERDALE FL 33311
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/1995

5. FEI Number

65-0625276

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MAHMOUD, SAAD A	11405 N. BAYSHORE DR 5925 N. Bay Shore Dr	MIAMI FL 33181 Miami, FL 33137

200009021202
11/15/02--01044--016 **750.00

8. Name and Address of Current Registered Agent

MAHMOUD, SAAD A
1100 N.E. 91 TERR.
MIAMI SHORES FL 33138

9. Name and Address of New Registered Agent

Name

Saad

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

5925 N. Bay Shore Dr

Suite, Apt. #, Etc.

Miami

City

Miami

State

FL

Zip Code

33137

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/4/02

11. 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
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/02

Date

954-444-6741

Daytime Phone #

CR2E040 (8/02)