904-222-5513 CSC

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APPLICATION FOR REINSTATEMENT

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

FILED
98 OCT 19 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000034897

1. Corporation Name

COSLINE, INC

Principal Place of Business | Mailing Address

REINSTATEMENT 97-98

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3970 Oaks Clubhouse Dr	3970 Oaks Clubhouse Dr
Suite, Apt. #, etc.: Suite 306	Suite, Apt. #, etc.: Suite 306
City & State: Pompano Beach, Florida	City & State: Pompano Beach, Florida
Zip: 33069 Country: Broward	Zip: 33069 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: April 18, 1996

5. FEI Number: 65-0660742 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T	Claude Kaspereit	2560 Lucille Dr	Fort Lauderdale, FL 33316
Sec	Guy Tremblay	3970 Oaks Clubhouse Dr, Ste 306	Pompano Beach, FL 33069

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****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Guy Tremblay
Street Address (P.O. Box Number is Not Acceptable): 3970 Oaks Clubhouse Dr
Suite, Apt. #, Etc.: 306
City: Pompano Beach | State: FL | Zip Code: 33069

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: Guy Tremblay Date: 10/16/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Guy Tremblay 10/16/98 (954) 917-5079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #