

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P97000027958

1. Corporation Name
INLINES, INC.

Principal Place of Business

Mailing Address

247 SILK BAY PLACE
LONGWOOD FL 32750

247 SILK BAY PLACE
LONGWOOD FL 32750

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

STATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/1997

5. FEI Number

59-3442302

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	GLENN V. ALPER	247 SILK BAY PLACE	LONGWOOD FL 32750
V.P.	CATHY ALPER	247 SILK BAY PLACE	LONGWOOD FL 32750
			8000002733578-7
			01/07/93-01080-007
			****750.00 ****750.00
			12/30

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JEBAILLY, JOSEPH J
111 NORTH ORANGE AVENUE
SUITE 2050
ORLANDO FL 32801

Name

GLENN V. ALPER

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

247 SILK BAY PLACE

Suite, Apt. #, Etc.

City

LONGWOOD

State

FL

Zip Code

32750

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 12-10-98

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-98 407-767-7874

Date

Daytime Phone #

CR2E040 (8/98)