| APPLICATION FOR FORTH APPLICATION SHOP PARTMENT OF STATE AND FORTH APPLICATION FOR REINSTATEMENT PROVIDED PARTMENT OF STATE AND FORTH APPLICATION SHOP FORTH APP | PLEASE READ / | ALL INSTRUCTION: | S BEFORE C | COMPLETING THIS FORM. | |
|--|---|--------------------------------------|---------------------------|---|--|
| REINSTATEMENT DOCUMENT # P97000027958 I. Copposition Name INLINES, INC. Principal Place 28' SLV BAY PLACE LONGWOOD FL 2750 If above addessesse are incorrect in any way, line through incorrect information and enter correction below. If above addessesse are incorrect in any way, line through incorrect information and enter correction below. If above addessesse are incorrect in any way, line through incorrect information and enter correction below. If above addessesse are incorrect in any way, line through incorrect information and enter correction below. If above addessesse are incorrect in any way, line through incorrect information and enter correction below. If above addessesses are incorrect in any way, line through incorrect information and enter correction below. If above addessesses are incorrect in any way, line through incorrect information and enter correction below. If above addessesses are incorrect in any way, line through incorrect information and enter correction below. If above addessesses are incorrect in any way, line through incorrect information and enter correction below. If above addessesses are incorrect in any way, line through incorrect information and enter correction below. If above addessesses are incorrect in any way, line through incorrect information and enter correction below. If above addessesses are incorrect in any way, line through incorrect information and enter correction below. If above addessesses are incorrect in any way, line through incorrect information and enter correction below. If above addessesses are incorrect in any way, line through incorrect in any way, line through incorrect in any addition and addesses of Earth Office and addition in the enter of the angular and addition and addition and enter correction below. If a part of the addition and addition and enter correction in any addition and addition | APPLICATION FLORIDA DEPARTMENT OF STATE | | | | |
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| SECRETARY OF STATE FALLAHASSEE, FLORIDA Maling Address 26 State And PACE LONDWOOD FL 2020 If shows addresses are inconced in any way, line through inconcert importation and enter conception below. If shows addresses are inconced in any way, line through inconcert importation and enter conception below. 27 New Principal Office Address in Applicable South, Apr. 8, etc. South, Apr. 8, | REINSTATEMENT | - · | | 98 DEC 30 PM 4: 54 | |
| INLINES, INC. Principal Place of Business As SILK BAY PLACE LONGWOOD FL 20750 LONGWOOD FL 20750 LONGWOOD FL 20750 If above acdegess are incorrect in any way, like through incorrect information and enter correction below. 2. New Principal Office Address, if Applicable 3. New Malling Chice Address, if Applicable 3. New Malling Chice Address, if Applicable 4. Doe Incorporated or Qualified 4. Doe Incorporated or Qualified 5. EFE INVIDED 5. SEP INVIDED 6. DOESTIFICATE OF STATUS DESIRED 7. Names and Steet Address of Control 7. Names and Steet Address of Control 8. Name of Officers 9. Sept. 1 Applicable 9. Name of Officers 9. Name of Office | | 027958 | | ì | |
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| Suite, Apt. 6, etc. Suite, Apt. 6, etc. Suite, Apt. 6, etc. Suite, Apt. 6, etc. City & State Ci | | ough incorrect information and ente | er correction below. | STATEMENT OF | |
| Applied Form Appl | | | If Applicable | To Do Rusiness in Florida | |
| Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Table(a) 2 | | | | | |
| 27. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Directors 7. Names and Street Addresses of Each Officer and/or Directors 3. (Do NOT Use Post Office Son Numbers) 4. City / State / Zip 7. Names and Address of Directors 3. (Do NOT Use Post Office Son Numbers) 4. City / State / Zip 7. Names and Address of Current Registered Agent 7. Names and Address of Current Registered Agent 8. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name 1. Street Address (P.O. Sox Number in Not Acceptable) 2. Y 2 Y 1/L DAY 2. Y 1/L DAY 3. Name and Address of New Registered Agent Name 1. Street Address (P.O. Sox Number in Not Acceptable) 2. Y 2 Y 1/L DAY 3. Name and Address of New Registered Agent Name 1. Street Address (P.O. Sox Number in Not Acceptable) 3. Name Address (P.O. Sox Number in Not Acceptable) 3. Name Address (P.O. Sox Number in Not Acceptable) 3. Name Address (P.O. Sox Number in Not Acceptable) 3. Name Address (P.O. Sox Number in Not Acceptable) 3. Name Address (P.O. Sox Number in Not Acceptable) 3. Name Address (P.O. Sox Number in Not Acceptable) 3. Name Address (P.O. Sox Number in Not Acceptable) 3. Name Address (P.O. Sox Number in Not Acceptable) 3. Name Address (P.O. Sox Number in Not Acceptable) 3. Name Address (P.O. Sox Number in Not Acceptable) 3. Name Address (P.O. Sox Number in Not Acceptable) 3. Name Address (P.O. Sox Number in Not Acceptable) 3. Name Address (P.O. Sox Number in Not Acceptable) 3. Name Address (P.O. Sox Number in Not Acceptable) 3. Name Address (P.O. Sox Number in Not Acceptable) 3. Name Address (P.O. Sox Number in Not Acceptable) 3. Name Address (P.O. Sox Number in Not Acceptable) 3. Name Address (| City & State | City & State | | | |
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| Trile(s) 2 and/or Directors 3 (Do NOT Uffice and/or Directors) 4 City/State / Zip PRES. COLEMN V. ALDER 247 SILK BAY PLACE LONGWOOD FC 32750 V.O. CATTAY ALDER 247 SILK BAY PLACE LONGWOOD FC 32750 SIDDIDIZE 33575 7 01/07/93 01/090 007 *******750.00 *******750.00 *******750.00 ******750.00 *******750.00 *******750.00 *******750.00 *******750.00 *******750.00 *******750.00 ********750.00 ********750.00 ********750.00 *********750.00 *********750.00 ********************************* | | | | | |
| 8. Name and Address of Current Registered Agent JEBAILEY, JOSEPH J 111 NORTH ORANGE AVENUE SUITE 2050 ORLANDO FL 32801 ORLANDO FL 32801 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 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 12. Learlify that I am an officer or director or the receiver or trustee empowered to execute this application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S. Thurfteer certify that when fling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S., that all flees owed by the corporation has 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 eignature shall have the same legal effect as if made under cath. | Title(s) and/or Directors | , , | Officer and/or Director | r Citv / State / Zip | |
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| 111 NORTH ORANGE AVENUE SUITE 2050 ORLANDO FL 32801 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 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 filting 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. | JEBAILEY, JOSEPH J | · · · · | GLEA Street Address (P | 2.O. Box Number is Not Acceptable) | |
| ORLANDO FL 32801 City City College | | | 247 SICK | BAY PLACE | |
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| SIGNATURE: SIGNATURE AND TOPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone # | 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 | | | | |
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