

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000082427

1. Corporation Name

S. E. CLINE HOLDING COMPANY, INC.

Principal Place of Business

1640 LAMBERT AVE
FLAGLER BEACH FL 32136

Mailing Address

1640 LAMBERT AVENUE
FLAGLER BEACH FL 32136
US

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.

18 Utility Drive

Suite, Apt. #, etc.

PO Box 262

City & State

Palm Coast Florida

City & State

Flagler Beach Florida

Zip

32137

Country

USA

Zip

32136

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/1997

5. FEI Number

59-3471129

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CPV	CLINE, SAMUEL E	1640 LAMBERT AVENUE	FLAGLER BEACH FL 32136
ST	CLINE, DIANE J	1640 LAMBERT AVENUE	FLAGLER BEACH FL 32136
			000004677360--2 -11/13/01--01091--028 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLINE, DIANE J

1640 LAMBERT AVE

FLAGLER BEACH FL 32136

Name

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

100 Marina Bay Dr

Suite, Apt. #, Etc.

UNIT 101 A

City

Flagler Beach

State

FL

Zip Code

32136

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

REGISTERED AGENT MUST SIGN

Date

10/23/01

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:

SAMUEL E CLINE

10/22/01

Date

386-446-6426

Daytime Phone #