

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 FEB -8 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000063647

1. Corporation Name

MAIN Line Group, Inc.

2. Principal Office Address

220 Sunrise Ave

Suite, Apt. #, etc.

Suite 205

City & State

Palm Beach, FL

Zip

33480

Country

USA

3. Mailing Office Address

220 Sunrise Ave

Suite, Apt. #, etc.

Suite 205

City & State

Palm Beach, FL

Zip

33480

Country

USA

**REINSTATEMENT** 99-01

4. Date Incorporated or Qualified  
To Do Business in Florida

July 17, 1998P

5. FEI Number

65-0853758

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Daniel J. Moore

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

220 Sunrise Ave

Suite, Apt. #, Etc.

Suite 205

City

Palm Beach, FL

State

FL

Zip Code

33480

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

1-15-01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/P	Edward F. Moore	220 Sunrise Ave #205	Palm Beach, FL 33480
VID/S	Daniel J. Moore	220 Sunrise Ave #205	Palm Beach, FL 33480
T/D	Albert A. Ciardi, III	220 Sunrise Ave #205	Palm Beach, FL 33480

10. 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]* EVP

Daniel J. Moore 1-15-01

Date

Daytime Phone #

561-835-3620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR