

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 28 PM 5:01

DOCUMENT # **P98000080989**

1. Corporation Name

THIN-LINE ENTERTAINMENT, INC.

Principal Place of Business

1500 E. 43RD AVENUE
SUITE D
TAMPA FL 33619

Mailing Address

P.O. BOX 4770
TAMPA FL 33677



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

05-10-99 - 900000-021 \$150.00

Suite, Apt. #, etc.

721 Horizon Blvd Rd

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

08/14/1998

City & State

Deltona FL

City & State

5. FEI Number

59-3529232

Applied For

Not Applicable

Zip

33556

Country

U.S.

Zip

Country

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
1	2	3	4
Pres	Tim Thomas	2701 N. Habana Av.	Tampa, FL 33607
V.P.	Robert Cooper	2133 W. Palmetto St	Tampa, FL 33607
Treas.	Carlton Cooper	2213 W. Grady Av.	Tampa, FL 33607

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMAS, TIMOTHY
2501 N. A STREET
TAMPA FL 33607

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Timothy Thomas

REGISTERED AGENT MUST SIGN

Date

10/20/99

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:

Robert W. Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/99

Date

(813) 453-4834

Daytime Phone #