

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY 29 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000 93567

1. Corporation Name

C-LINE TRANSPORT INC.

2. Principal Office Address

11608 NW 48TH CT

Suite, Apt. #, etc.

3. Mailing Office Address

11608 NW 48TH CT

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33076

Country

USA

City & State

CORAL SPRINGS, FL

Zip

33076

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/25-99

5. FEI Number

650958542

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

DAVID R. CLINE

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

11608 N.W. 48TH CT.

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33076

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 May 25, 2001

9. Names and Street Addresses of Each Officer and/or 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
P	DAVID R. CLINE	11608 NW. 48 TH CT.	CORAL SPRINGS, FL 33076
U	ADRIANA CLINE	11608 N.W. 48 TH CT.	CORAL SPRINGS, FL 33076
T	LAONA ALLEN	10899 NW 62 CT.	PARKLAND, FL 33076

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 25, 2001

Date

954-325-1274

Daytime Phone #

C-LINE TRANSPORT, INC.
11608 N.W. 48 Court
Coral Springs, Florida 33076

zahr

May 25, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

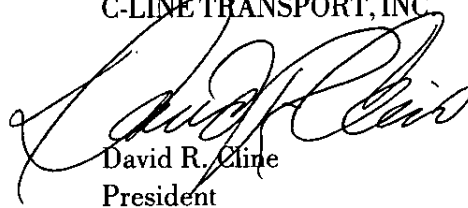
Re: C-Line Transport, Inc.
P 99 0000 93 569

To whom it my concern:

This is to request the state to waive the late fee for C-LINE TRANSPORT, INC. as we did not receive the application for it's renewal. Your assistance with this matter will be greatly appreciated

Very truly yours.

C-LINE TRANSPORT, INC.


David R. Cline
President