

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 DEC 12 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P99000111020

1. Corporation Name

INLINE FINANCIAL GROUP, INC.

2. Principal Office Address

21335 Gosier Way

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip
33428

Country
USA

3. Mailing Office Address

21335 Gosier Way

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip
33428

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/01/00

5. FEI Number

65-0975140

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

2001

7. Name and Address of Current Registered Agent

Name
Vogel, Susan Nichole

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

21335 Gosier Way

Suite, Apt. #, Etc.

City
Boca Raton

State
FL

Zip Code
33428

308004741453-4
-12/27/01--01047-019
****750.00 ****50.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/10/01

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,T,D	Rick Vogel	21335 Gosier Way	Boca Raton, FL 33428
S,D	Susan Vogel	21335 Gosier Way	Boca Raton, FL 33428

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/10/01 (561) 361-7300

CR2E081 (9/00)