

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V20739

1. Corporation Name

DIRECT LINE INVESTMENT, INC.

Principal Place of Business

481 E HIGHWAY 50
2ND FLOOR
CLERMONT FL 34711

Mailing Address

7636 SWISS FAIRWAYS
CLERMONT FL 34711

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/1992

5. FEI Number

59-3114584

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DERAI, PATRICK	13114 SKIING PARADISE BL	CLERMONT FL 34711

700023866407
10/17/03--01003--008 **150.00

8. Name and Address of Current Registered Agent

GRIMM, DENISE
13114 SKIING PARADISE BLVD.
CLERMONT FL 34711

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Denise Grimm
REGISTERED AGENT MUST SIGN

Date 10 10 03

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:

Patrick Dera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.10.03 352 429 2178

Date

Daytime Phone #

CR2E040 (7/03)

Florida Dept. of State
P.O. Box 6327
Tallahassee, Florida 32314


October 9, 2003

To Whom It May Concern:

In reference to document # V20739, Direct Line Investments, Inc., we are asking for the late fee and reinstatement fee to be late. We did not receive any previous documents regarding the Uniform Business Report apparently due to it being mailed to the wrong address. The address of 7636 Swiss Fairways, Clermont, Florida 34711, does not have a mailbox. The address used in the column "address of each officer and or director" is the correct mailing address.

Enclosed you will find our check for \$150.00. We hope you will please consider our request.

Thank you for your cooperation,


Denise Grimm
Registered Agent