

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAY 10 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 375277

1. Corporation Name

Timco Inc

500175472795  
04/13/10--01003--019 \*\*1500.00

REINSTATEMENT 01-10

2. Principal Office Address - No P.O. Box #

4440 P6A Blvd

3. Mailing Office Address

4440 P6A Blvd

Suite, Apt. #, etc

600

Suite, Apt. #, etc.

600

City & State

Palm Beach Gardens

City & State

Palm Beach Gardens

Zip

33410

Country

Palm Beach

Zip

33410

Country

Palm Beh

4. Date Incorporated or Qualified  
To Do Business in Florida

1-1-74

5. FEI Number

59-1441188

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

Travis B. Tunis

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

4440 P6A Blvd, #

Suite, Apt. # Etc

600

City

Palm Beach Gardens

State

FL

Zip Code

33410

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

T. B. Tunis

Date 4-9-10

REGISTERED AGENT MUST SIGN

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
C/D	Marilyn S. Timmerman	2235 Allen Creek Rd	W. Palm Beach Fl 33411
P/D	Travis B. Tunis	1023 Shady Lakes Cr	Palm Beach Gardens, Fl 33418
S/T	Cindy L. May	14561 Dulce Real Dr	FF Pierce, Fl 34951
✓	Susan V. Tunis	1023 Shady Lakes Cr.	Palm Beach Gardens, Fl 33418

4/5/12

10. E-mail Address: tbstunis@aol.com

(To be used for future annual report notification)

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. I further certify, 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:

T. B. Tunis Travis B. Tunis

4-9-10

561-47-3320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #