

# 2007 FOR PROFIT CORPORATION REINSTATEMENT


FILED

2007 OCT 12 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10052007 REIN-P CR2E098 (1/07)

<b>DOCUMENT # 514202</b>					
1. Entity Name TIM-COR, INC.					
Principal Place of Business ATTENTION: JOSE R. POLI 14476 SW 44 STREET MIAMI, FL 33175			Mailing Address ATTENTION: JOSE R. POLI 14476 SW 44 STREET MIAMI, FL 33175		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1722126	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LOTT, GEORGE J. 5975 SUNSET DR #302 MIAMI, FL 33143			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS POLI, JOSE R. 14476 S.W. 44TH STREET HIALEAH FL, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500110709225 10/12/07--01010--023 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: JOSE R. POLI			10-9-07 226-1187		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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