

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 MAR 13 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 582413

1. Corporation Name

TIMBERSTEEL OF APOPKA, INC.

Principal Place of Business

116 W. MASHTA DRIVE
P.O. BOX 430683
KEY BISCAYNE FL 33149

Mailing Address

116 W. MASHTA DRIVE
P.O. BOX 430683
KEY BISCAYNE FL 33149

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

2. New Principal Office Address, If Applicable

16819 SW 5th Pl.

3. New Mailing Office Address, If Applicable

← same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Newberry, FL

City & State

Newberry, FL

Zip

32669 Alachua

Zip

32669 Alachua

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/1978

5. FEI Number

59-1095639

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	LEDERMAN, SANFORD J	1370-D GRAN CRIQUE DRIVE	ROSWELL GA 30076
D	FREEDMAN, HOWARD	1111 APOPKA OCOEE ROAD	APOPKA FL 32703

REINSTATEMENT '96-'98

SCC 3-13-98
900002458819--7
-03/17/98--01007--003
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

MOCARSKI, STEVEN G ESQ.
116 W. MASHTA DRIVE
KEY BISCAYNE FL 33149

Steven G. Mocarski
16819 SW 5th Pl.
Newberry, FL. 32669

9. Name and Address of New Registered Agent

Name Steven G. Mocarski, Esq.

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

16819 SW 5 Place

Suite, Apt. #, Etc.

City

Newberry

State

FL

Zip Code

32669

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.

Signature of
Registered Agent

Steven G. Mocarski

Date

2/12/98

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

Sanford J. Lederman

3/11/98

Date

(770)552-1609

Daytime Phone #