



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

01 OCT 26 PM 2:44

1. Corporation Name

Timbersteel of Apopka, Inc.

Principal Place of Business

Mailing Address

~~16819 SW 5th Pl. (same)
Newberry, FL 32669~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

652-C Lake Village Dr.
Suite, Apt. #, etc.

Suite, Apt. #, etc. (same)

City & State Altamonte Springs FL

City & State

Zip 32718 Country USA

Zip	Country
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4. Date Incorporated or Qualified To Do Business in Florida

8/16/78

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Lederman, Sanford	1370-D Gran Crique Dr	Roswell, GA 30076
D	Freedman, Howard	652-C Lake Village Dr.	Altamonte Springs, FL 32718
			300004679403-5 -11/14/01--01086--020 ****450.00 ****450.00
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

2. ~~Steven G. Mocanski,
16819 SW 5th Pl.
Newberry, FL 32669~~

Name Howard Freedman
Street Address (P.O. Box Number is Not Acceptable)
652-C Lake Village Dr.
Suite, Apt. #, Etc. _____
City Altamonte Springs S

10. I, being appointed the register agent of the above named corporation, am familiar with and accept the obligations of Section 607.0105, F.S.

Signature of Registered Agent _____ *Howard G. Gredem* _____
 REGISTERED AGENT MUST SIGN

Date 10-22-01

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

10/24/01

(770) 552-1609