

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 31 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 582413

1. Corporation Name

TIMBERSTEEL OF APOKA, INC

2. Principal Office Address

652-C LAKE VILLAS DR

Suite, Apt. #, etc.

3. Mailing Office Address

P O Box 180536

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS FL

City & State

CASSELBERRY FL

Zip

32701

Country

USA

Zip

32718

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/16/1978

5. FEI Number

59-1095639

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02

7. Name and Address of Current Registered Agent

Name

HOWARD FREEDMAN

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

652-C LAKE VILLAS DR

Suite, Apt. #, Etc.

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32701

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12-21-02

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
PD	SANFORD LEDERMAN	1370 GRAND CRIQUE DR	ROSWELL, GA 30076
D	HOWARD FREEDMAN	652 C LAKE VILLAS DR	ALTAMONTE SPRINGS FL 32701

10. 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] **HOWARD FREEDMAN**

Date

12/21/02

Daytime Phone #

407 531-3086

CR2E081 (9/01)

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