

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #. **F97000006180**

1. Corporation Name

Timely North, Inc.

Principal Place of Business

Mailing Address

~~5025 Derrick Jones Road~~
~~Atlanta, Georgia 30349~~

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

2. New Principal Office Address, If Applicable

300 Galleria Pkwy.

Suite, Apt. #, etc.

Suite 1020

City & State

Atlanta, Georgia

Zip

30339

Country

USA

3. New Mailing Office Address, If Applicable

300 Galleria Pkwy.

Suite, Apt. #, etc.

Suite 1020

City & State

Atlanta, Georgia

Zip

30339

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/97

5. FEI Number **58-2351512**

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
CP	Bakal, Dennis A.	1950 Spectrum Cir. B100	Marietta, GA 30067
DVS	Roberts, Linda K.	1950 Spectrum Cir. B100	Marietta, GA 30067
DT	Dial, Susan	1950 Spectrum Cir. B100	Marietta, GA 30067
			7000002892937--S -06/02/99--01074--020 ****900.00 ****900.00
			7000002892937--S -06/02/99--01074--021 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Conie Bay

REGISTERED AGENT MUST SIGN

Date

5/20/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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

Dennis A. Bakal
Dennis A. Bakal

Date

6/19/99

888-999-1964

Daytime Phone #

CR2040 (1/99)