

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 DEC 19 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H06783**

1. Corporation Name

**TIMBER ISLAND REALTY, INC.**

Principal Place of Business

% AUDIE E. LANGSTON  
4010 OLD BAINBRIDGE RD.  
TALLAHASSEE FL 32303-2110

Mailing Address

% AUDIE E. LANGSTON  
4010 OLD BAINBRIDGE RD.  
TALLAHASSEE FL 32303-2110



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/06/1984

5. FEI Number

59-2431693

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 3	City / State / Zip 4
P	LANGSTON, AUDIE E.	4010 OLD BAINBRIDGE RD.	TALLAHASSEE FL

400008641534  
10/29/02--01018--014 \*\*750.00

REINSTATEMENT 02 TO 1

8. Name and Address of Current Registered Agent

LANGSTON, AUDIE E.  
4010 OLD BAINBRIDGE RD.  
TALLAHASSEE FL 32303

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Audie E. Langston*  
REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12/11/02

11. 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:

*Audie E. Langston*  
REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02 697-3252  
Date Daytime Phone #

CR2E040 (8/02)