

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1997 APR -1 PM 3: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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*****8.75 *****8.75

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **K99373**
1. Corporation Name **TYMBER CREEK HAMMOCK Development Company, INC.**

Principal Place of Business Mailing Address
**15 CYPRESS VIEW TRAIL
ORMOND BEACH, FL. 32174**

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

2. New Principal Office Address, If Applicable. 12 CROSSINGS TRAIL Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 12 CROSSINGS TRAIL Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 6-29-89	
City & State ORMOND BEACH, FL.		City & State ORMOND BEACH, FL.		5. FEI Number 59-2962484	
Zip 32174	Country USA	Zip 32174	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
P/D	REVELL, JAMES A.	12 CROSSINGS TRAIL	ORMOND BEACH, FL. 32174
VP/D	ROGAN, SEAN	415 BLACK OAK CT.	ORMOND BEACH, FL. 32174
ST/D	REVELL, MICHAEL	4594 CLEARWATER CT.	DUMFRIES, VA 22026

REINSTATEMENT

8. Name and Address of Current Registered Agent NORTON, JOHN S. JR 431 N. GRANDVIEW AVE. DAYTONA BEACH, FL 32018		9. Name and Address of New Registered Agent Name JAMES A. REVELL Street Address (P.O. Box Number is Not Acceptable) 12 CROSSINGS TRAIL Suite, Apt. #, Etc. City ORMOND BEACH State FL Zip Code 32174	
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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  REGISTERED AGENT MUST SIGN Date **3-29-97**

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  **JAMES A. REVELL, President** 3/27/97 6727733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)