

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

5 JUL 22 AM 8:12  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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DOCUMENT # L 83068

1. Corporation Name

Timothy & Co., Inc.

Principal Place of Business

Mailing Address

TIMOTHY + CO.  
2048 YALE AVE  
DUNEDIN, FL. 34698

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** 9199

4. Date Incorporated or Qualified To Do Business in Florida

6-20-90

5. FEI Number

59-3016564

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
<u>PRES</u>	<u>TIMOTHY BELCHER</u>	<u>2048 YALE AVE</u>	<u>DUNEDIN, FL. 34698</u>

8. Name and Address of Current Registered Agent

RICHARD SALEM  
101 E. KENNEDY BLVD S. 3200  
TAMPA, FL. 33602

9. Name and Address of New Registered Agent

Name Timothy Belcher  
 Street Address (P.O. Box Number is Not Acceptable) 2048 YALE AVE.  
 Suite, Apt. #, Etc. \*  
 City Dunedin State FL Zip Code 34698

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/19/99

11. This corporation owes 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

[Signature] (AS president)

7/19/99  
 Date

727-799-0725  
 Daytime Phone #

CR2E01 (12/98)