

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

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 **91-99**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

6-20-90
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
PRES	TIMOTHY BELCHER	2048 YALE AVE	DUNEDIN, FL. 34698

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

(AS president)

7/19/99

Date

Daytime Phone: #

727-799-0725

CR2E01 (12/98)