

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR **96-97**  
REINSTATEMENT



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

APPROVED  
AND  
FILED

97 MAY -7 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 93273

1. Corporation Name  
**TIMMLAU MANAGEMENT CONSULTANTS, INC**

Principal Place of Business <b>26511 SOUTHERN PINES DR BONITA SPRINGS FL 34135</b>	Mailing Address <b>26511 SOUTHERN PINES DR BONITA SPRINGS FL 34135</b>
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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		4. Date Incorporated or Qualified To Do Business in Florida <b>8/8/90</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3042806</b>	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input 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
PVD	TIMMLAU, PETER	26511 SOUTHERN PINES DRIVE	BONITA SPRINGS FL 34135

700002178477--5  
-05/14/97--01091--013  
\*\*\*915.00 \*\*\*915.00

**REINSTATEMENT** 96-97  
A. Alan  
5/7/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TIMMLAU, PETER  
26511 SOUTHERN PINES DRIVE  
BONITA SPRINGS FL 34135

Name **DAVID PUOPOLO**  
Street Address (P.O. Box Number is Not Acceptable)  
**27657 OLD US 41**  
Suite, Apt. #, Etc.  
City **BONITA SPRINGS** State **FL** Zip Code **34135**

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 **X** *[Signature]* Date **4/22/97**  
**DAVID PUOPOLO** REGISTERED AGENT MUST SIGN

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.

*Peter Timmlau - President*  
SIGNATURE: **X** *[Signature]* Date **April 30, 1997**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PETER TIMMLAU** Daytime Phone #

CR2ED40 (12/96)