PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 MAR 30 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N51168

1. Corporation Name

TIMBERLY TRUST, INC.

Principal Place of Business	Mailing Address
1820 W. BRANDON BLVD. BRANDON FL	P.O. BOX 2085 TAMPA FL 33601-2085 US

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

REINSTATEMENT 00-01

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

4. Date Incorporated or Qualified To Do Business in Florida: 10/06/1992

5. FEI Number: 59-3174543 ☐ 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	4 City / State / Zip
SV	MOSELEY, JULIA W.	1820 W. BRANDON BLVD.	BRANDON FL 33571
P	SINGLETON, MARK	2680 WINTHROPE WAY	LAWRENCEVILLE GA
T	CRISLIP, BETTY P.	4405 W. PLATT ST.	TAMPA FL 33609
D	SHERMAN, MARTHA	2201 DEKLE AV	TAMPA FL 33606
D	PIERCE, RICHARD H PHD	MOTE LAB, 1600 THOMPSON PARKWAY	SARASOTA FL 34236

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-04/25/01--01066--028
****297.50 ****297.50

8. Name and Address of Current Registered Agent

MOSELEY, JULIA W.
1820 W BRANDON BLVD
BRANDON FL 33511-4812

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

CR2E040 (8/00)

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: Julia W. Moseley Date: Jan. 18, 2001
REGISTERED AGENT MUST SIGN

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: Betty P. Crislip Treasurer 1-18-01 813/286-3074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #