

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 JUL 18 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

DOCUMENT # P00000099380

1. Corporation Name

Timbuktú Risk Management, Inc.

2. Principal Office Address

8025 SW 63RD CT

3. Mailing Office Address

8025 SW 63RD CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33143

Country

USA

Zip

33143

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/01/2001

5. FEI Number

91-2091108

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert J Peres

Street Address (P.O. Box Number is Not Acceptable)

8025 SW 63RD CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33143

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Robert J Peres	8025 SW 63RD CT	MIAMI, FL 33143

10. 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 contained in Chapter 119, 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

Date

Daytime Phone #

ROBERT J PERES 7/14/06 305-283-9495

Page 2 of 2

**Robert J Peres
8025 SW 63RD CT
MIAMI, FL 33143**

JULY 11, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Timbuktu Risk Management Inc.

Re: Corporation Reinstatement

EIN 91-2091108

To Whom It May Concern:

Enclosed please find the Corporation Reinstatement Form for EIN 91-2091108, as well as the corporate return for 2002 documenting a change in address. Please note that I have not received notices of dissolution/revocation due to the change of address. I respectfully request that the reinstatement fees be waived so I will pay a total of \$600 for the annual reports from 2002 to present. Thank you very much in advance for your cooperation.

Sincerely,



Robert J Peres, President