

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

P9c102

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 JAN 15 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000024083**

1. Corporation Name

TIM PURSELL INCORPORATED

Principal Place of Business

Mailing Address

255 PARK ROAD NORTH
ROYAL PALM BEACH FL 33421

255 PARK ROAD NORTH
ROYAL PALM BEACH FL 33421

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

03/08/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1083845

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSTD	PURSELL, TIMOTHY C	255 PARK ROAD NORTH	ROYAL PALM BEACH FL 33421

900027011929
01/15/04--01020--021 **300.00

REINSTATEMENT *UB*

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Timothy C. Pursell

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

225 Park Road North

Suite, Apt. #, Etc.

City

Royal Palm Beach

State

FL

Zip Code

33411

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. or 617.0505, F.S.

Signature of
Registered Agent

Timothy C. Pursell

REGISTERED AGENT MUST SIGN

Date

1-6-04

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:

Timothy C. Pursell

Timothy C. Pursell

Date

Daytime Phone #

1-6-04 (561) 662-2439

CR2040 (7/03)

Page 2 of 2

January 6, 2004

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

To Whom It May Concern:

This letter is to apply for a waiver of reinstatement fees for the Corporation known as *Tim Pursell Incorporated*. The FEIN is 65-1083845, and the address of the Principle Place of Business is 225 Park Road North Royal Palm Beach FL 33421.

I am no longer using the Registered Agent preprinted on the enclosed document #P01000024083. The paperwork needed to file my annual report / uniform business report was not forwarded to me at my listed address. I was unaware of this situation until I received my Certificate of Administrative Dissolution or Revocation from your office. I will from this time forward be acting as the Registered Agent for the above named corporation, as indicated on the attached document. Please accept my check for \$150 (one year) for my waiver of dissolution as describe on the information section of your voice mail. I will also include \$61.25 for the Annual Report Fee, and \$88.75 for the Corporate Supplemental Fee. Any forms that I need to complete, or should have received by this time can be mailed to me at the address listed under New Registered Agent.

Thank you for your help with this situation.

Sincerely,

Timothy C Pursell

Timothy C. Pursell