

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 20 PM 4: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P01000052394

**1. Corporation Name**

TIMAN, INC.

**2. Principal Office Address**

2740 KATHERINE ST

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

Zip 33901

Country US

**3. Mailing Office Address**

12950 TREELINE CT

Suite, Apt. #, etc.

City & State

N. FT. MYERS, FL

Zip 33903

Country FL

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/21/01

**5. FEI Number**

65-0233960

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

0504

**7. Name and Address of Current Registered Agent**

Name

JOHN P. LOVELACE

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

12950 TREELINE CT

Suite, Apt. #, Etc.

City

N. FT. MYERS

State

FL

Zip Code

33903

300035785793  
05/07/04--01085--021 \*\*902.75

**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

*[Handwritten Signature]*

Date 4/19/04

REGISTERED AGENT MUST SIGN

**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
PSD	GLEND L. LOVELACE	12950 TREELINE CT	N. FT. MYERS, FL 33903
VTD	JOHN P. LOVELACE	12950 TREELINE CT	N. FT. MYERS, FL 33903

**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 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:**

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

Date

Daytime Phone #

CR2E081 (01/04)