

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000093535**

1. Corporation Name

**TIMBERCRAFT CONSTRUCTION OF SW FLORIDA,
INC.**

2. Principal Office Address

4775 Mercantile Ave.

Suite, Apt. #, etc.

Unit 7

City & State

NAPLES FL

Zip

34104

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date incorporated or Qualified
To Do Business in Florida

9/21/01

5. FEI Number

59-3746403

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

MICHAEL A. BAVIELLO

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

1025 FIFTH AVE N.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34102

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/29/2003

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
D	Denise Sperry	380 25th St SW	Naples, FL 34117
D	Benjamin Sperry	380 25th St SW	Naples, FL 34117

600024 441196

11/05/03 0104-034 **300.00

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 807 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 807.0401 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:

Denise Sperry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-29-03

Daytime Phone #

Timbercraft Construction of SW Florida, Inc.
4775 Mercantile Ave. Unit 7
Naples, FL 34104

October 28, 2003

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

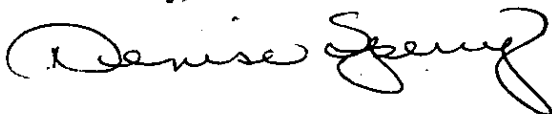
RE: Corporate Reinstatement for Document # P01000093535

Dear Sir/Madam:

We are requesting reinstatement of corporate status with the State of Florida. No Uniform Business Report was received for 2002 or 2003, and consequently was not filed. Therefore, we respectfully request abatement of the reinstatement fee of \$600.00 and are enclosing a check for \$300.00 along with the Application for Reinstatement.

Thank you for your attention and consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read "Denise Sperry".

Denise Sperry, Director