

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC -4 AM 8:00

DOCUMENT # PO2000032114

1. Corporation Name

TLM CARPENTRY, INC.

**REINSTATEMENT** 03

400024717834  
11/14/03--01078--023 \*\*150.00

MRS

2. Principal Office Address

1886 CORNER VIEW LANE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32820

Country

ORANGE

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

02-0578371

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

TIM MARTINOV

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

1886 CORNER VIEW LANE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32820

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

*Tim Martinov*

REGISTERED AGENT MUST SIGN

Date 12/01/03

**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	TIM MARTINOV	1886 CORNER VIEW LANE	ORLANDO, FL 32820
D	LYUDMILA MARTINOV	1886 CORNER VIEW LANE	ORLANDO, FL 32820

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: *Tim Martinov*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/03

Daytime Phone #

CR2E081 (10/02)

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# UCR ASSOCIATES, INC.

## ACCOUNTING, INCOME TAX & FINANCIAL SERVICES

6500 Forest City Road • Orlando • FL 32810

Phone (407) 523-0020 ~ Fax (407) 523-0038

E-mail: [ucrasso@aol.com](mailto:ucrasso@aol.com) • [www.ucrassociatesinc.com](http://www.ucrassociatesinc.com)

October 27, 2003

Florida Department of State  
Division of Corporation  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: TLM CARPENTRY, INC.  
Corporation of Reinstatement

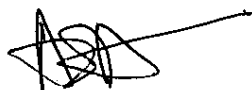
Dear sir/Madam:

My client has indicated that he did not receive an annual business report notice for year ending 2002. And the mailing address has been change since then; the new address is now 1866 Corner View Lane Orlando, FL 32820. Please kindly make changes to your records.

Therefore, on his behalf I am requesting that you accept the fee of \$150.00 and waive the \$600.00 reinstatement fee.

Thank you for your corporation in this matter. If you have any questions, please contact me at (407) 523-0020 or at the above address. Thank you for your cooperation in this matter.

Sincerely,



Alphons O. Anyanwu, EA