

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -5 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000039924**

1. Corporation Name

TIMO BROTHERS, INC.

Principal Place of Business

Mailing Address

~~9945 CLEAR LAKE CIR~~
~~NAPLES FL 34109~~

~~9945 CLEAR LAKE CIR~~
~~NAPLES FL 34109~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
25150 Bernwood Dr.

3. New Mailing Office Address, If Applicable
25150 Bernwood Dr.

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/2002

Suite, Apt. #, etc.
#29

Suite, Apt. #, etc.
#29

5. FEI Number

02-0572663

Applied For

Not Applicable

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

Zip
34135

Country
USA

Zip
34135

Country
USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D, P, T	TIMO, ANDREW J	9945 CLEAR LAKE CIR 25150 Bernwood Dr., #29	NAPLES FL 34109 Bonita Springs, FL 34135
D, VP, S	TIMO, ANTHONY J	9945 CLEAR LAKE CIR 25150 Bernwood Dr., #29	NAPLES FL 34109 Bonita Springs, FL 34135

500023910975
10/17/03--01075--007 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TIMO, ANDREW J

~~9945 CLEAR LAKE CIR~~ **25150 Bernwood Dr., #29**
~~NAPLES FL 34109~~ **Bonita Springs, FL 34135**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Andrew J. Timo
REGISTERED AGENT MUST SIGN

Date **10/13/03**

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:

Andrew J. Timo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew J. Timo, President

239-248-0391 (cell)

Date

Daytime Phone #

CR2E040 (7/03)

October 9, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: TIMO BROTHERS, INC.
FEIN #: 02-0572663
DOC. #: P02000039924

Per your request the Application for Reinstatement for TIMO BROTHERS, INC., is enclosed. The corporation's business address had changed and they never received the Uniform Business Report (UBR) notice.

In view of the above explanation we ask that the Reinstatement Fee be waived. Enclosed is a check in the amount of \$150 to cover the fee for 2003.

Sincerely,



Andrew J. Timo
President

AT/jaa

Enclosures (2)