

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 13 PH 4:35

DOCUMENT # **P02000064632**

1. Corporation Name

**TF CORBLEY, INC.**

Principal Place of Business

Mailing Address

2721 OLD HWY 441  
MOUNT DORA FL 32757

2721 OLD HWY 441  
MOUNT DORA FL 32757

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/11/2002

5. FEI Number

04-3688822

Applied For

Not Applicable

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
D	CORBLEY, TIMOTHY	2721 OLD HWY 441	MOUNT DORA FL 32757

500023748125  
10/13/03--01057--015 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VALBH, S.I.  
19337 SPRING OAK DR  
EUSTIS FL 32736

Name

Timothy Corbly

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

2721 W. Old Hwy 441

Suite, Apt. #, Etc.

City

MOUNT DORA

State

FL

Zip Code

32757

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 Corbly*  
REGISTERED AGENT MUST SIGN

Date

10/9/03

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:

*Timothy F. Corbly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03

Daytime Phone #

352-735-2202  
352-250-4248

CR2E040 (7/03)

2/2 ✓

October 9, 2003  
Divisions of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

**On October 9, 2003 I received the Notice of Administrative Dissolution or Revocation forms. I am requesting a waiver of the reinstatement fees as I have already completed this form earlier this year. In order to avoid any delays I have completed the Notice of Administrative Dissolution or Revocation and enclosed a check for the required amount of \$750.00. I can be contacted at 352-735-2202 or on my cell phone anytime**

352-250-4248 if there is any additional information needed.

Regards,

Tim Corbley