

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 21 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000065044**

**1. Corporation Name**

Tim's Barber Shop, Inc.

**2. Principal Office Address**

2527 9th Street N

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33704

Country

US

**3. Mailing Office Address**

same

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 03-

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

**5. FEI Number**

52-2370787

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

Timothy J. Rinker

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

2527 9th Street N

Suite, Apt. #, Etc.

City

St. Petersburg

State  
**FL**

Zip Code  
**33704**

**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

REGISTERED AGENT MUST SIGN

Date 10-15-03

**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
Pres	Timothy J. Rinker	2527 9th Street N	St. Petersburg, FL 33704

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-03

Date

727-898-8467

Daytime Phone #

CR2E081 (10/02)

7/10/23

Tim's Barber Shop, Inc.  
2527 9<sup>th</sup> Street N  
St. Petersburg, FL 33704  
727-898-8497

October 20, 2003

DEPARTMENT OF STATE  
Divisions of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Attn: Mr. Justin Shivers

Dear Mr. Shivers:

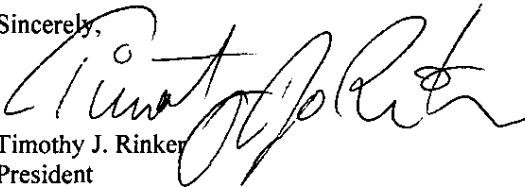
On September 9, 2003, I mailed by UBR and a check for \$550.00 certified to the Divisions of Corporations. This check was cashed by your department on September 11, 2003. I have enclosed a copy of the cancelled check (front and back). I then received a letter requesting by FEI number, which I mailed back to the Divisions of Corporations immediately, this was also done by certified mail.

Now I have received an "administrative dissolution" from the State. I was very surprised by this.

Enclosed is a reinstatement form if that is necessary with this situation.

Thank you for your cooperation.

Sincerely,



Timothy J. Rinker  
President