

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 10 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000081027

1. Corporation Name

TIMBERHOME PROPERTY INVESTMENTS CORPORATION

Principal Place of Business

Mailing Address

12515 ORANGE DRIVE STE 812
DAVE FL 33330

12515 ORANGE DRIVE STE 812
DAVE FL 33330

900024893279
11/20/03--01072--032 **150.00



REINSTATEMENT 03

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

01-0738274

Not Applicable

Zip

Country

Zip

Country

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
PSTD	ESCOBAR, LUIS A	12515 ORANGE DRIVE STE 812	DAVE FL 33330
VO	ESCOBAR, MARIA A	12515 ORANGE DRIVE STE 812	DAVE FL 33330

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ESCOBAR, LUIS A
12515 ORANGE DRIVE STE 812
DAVE FL 33330

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Timberlake Property
Investments Corporation
12515 Orange Drive, Suite 812
Dade, Florida 33330
Tel. 954-560-6800
Fax 617-812-7906*



TO: WHOM IT MAY CONCERN

FROM: LUIS ESCOBAR

DATE: 10/27/03

SUBJECT: ANNUAL REPORT

I recently received a notice of administrative dissolution or revocation from your department. Enclosed you will find the original annual report that was sent to you with the payment and for some reason was returned to me.

I hope this will clear all activity and put my corporation back into active status.

Sincerely

**Luis Escobar
President**