


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 OCT 15 AM 8:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000089514

1. Corporation Name

TIM CALLAHAN, INC.

Principal Place of Business

Mailing Address

1624 NW 36TH CT
FT LAUDERDALE FL 33309

1624 NW 36TH CT
FT LAUDERDALE FL 33309



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/16/2002	
City & State		City & State		5. FEI Number	
Zip		Country		06-1646260	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
P	Timothy E. Callahan	1624 NW 36 Ct.	Ft. Lauderdale, FL 33309
V	Marjorie G. Callahan	1624 NW 36 Ct.	Ft. Lauderdale, FL 33309

300023804643
10/15/03--01007--017 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALLAHAN, TIM
1624 NW 36TH CT
FT LAUDERDALE FL 33309

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 10/11/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)