

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAY -4 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida 10-7-02

5. FEI Number 050535062  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000108817

1. Corporation Name

Tim Gielan, Inc.

2. Principal Office Address - No P.O. Box #

7247 Basel Lane

Suite, Apt. #, etc.

3. Mailing Office Address

7247 Basel Lane

Suite, Apt. #, etc.

City & State

Englewood, FL

City & State

Englewood, FL

Zip

39224

Country

Charlotte

Zip

39224

Country

Charlotte

7. Name and Address of Current Registered Agent

Name

Tim Gielan

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

7247 Basel Lane

Suite, Apt. #, Etc.

City

Englewood, FL

State

FL

Zip Code

39224

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

*Tim Gielan*

Date 3-15-07

REGISTERED AGENT MUST SIGN

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	Tim Gielan	7247 Basel Lane	Englewood, FL 39224

500103030355  
05/22/07--01042--022 \*\*1050.00

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 contained in Chapter 119, 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:

*Tim Gielan*

Tim A. Gielan

3-15-06

941-809-9823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/10/07