
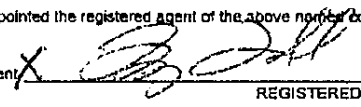
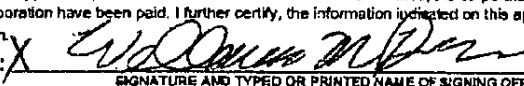


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000120724			
1. Corporation Name Timbil Piping, Inc.			
2. Principal Office Address - No P.O. Box # 800 Ocean Drive Suite, Apt. #, etc. Unit 1203 City & State Juno Beach, FL Zip 33408 Country USA		3. Mailing Office Address 800 Ocean Drive Suite, Apt. #, etc. Unit 1203 City & State Juno Beach, FL Zip 33408 Country USA	
7. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 Hays St. Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301			
4. Date Incorporated or Qualified To Do Business in Florida 10/28/2003 5. FEI Number 20-0605702 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input checked="" type="checkbox"/> 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.			
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  Troy Todd as its agent Date 11/30/09 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
P	William J. Ross	800 Ocean Drive, Unit 1203	Juno Beach, FL 33408
10. E-mail Address: timbilmechanical@aol.com (To be used for future annual report notification)			
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. I further certify, 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:  William J. Ross 11/30/09 973-263-5273 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CLERK OF STATE
TALLAHASSEE, FLORIDA

2009 DEC - 1 PM 6:12

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REINSTATEMENT

B. Mitchell DEC 1 2009

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000249441 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
TIMBIL PIPING, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,500.00

4900