

2005 FOR PROFIT CORPORATION REINSTATEMENT

PS 182

FILED

05 OCT 13 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05



10112005 REIN-P CR2E098 (6/04)

4. FEI Number **20-1716512** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P04000092357

1. Entity Name
TIMREK INVESTMENTS INC.



Principal Place of Business
**2260 NW 132ST
MIAMI, FL 33167**

Mailing Address
**PO BOX 681344
MIAMI, FL 33168**

2. Principal Place of Business
2271 NW 132nd St

3. Mailing Address
PO Box 681344

City & State
Miami FL

City & State
Miami FL

Zip
33167

Country
U.S.

Zip
33168

Country
U.S.

6. Name and Address of Current Registered Agent

**BARNES, TONI M
1209 NW 161 AVENUE
PEMBROKE PINES, FL 33028**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMILTON, JOHN K 2260 NW 132 STREET MIAMI, FL 33167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAUL O. RODRIGUEZ 2271 NW 132nd St Miami FL 33167 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date **10/11/05** Daytime Phone # **786-357-7972**

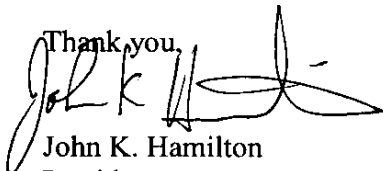
PS 2082

Tuesday, October 11, 2005

To Whom It May Concern:

The following letter is to request the reinstatement of Timrek investments Inc. I had submitted the form some time in the month of April as long with fee of \$150.00. The form was returned due to incorrect filling. When I received the notice was too late my business was already deactivated. ^(last of Sept) Attached to this letter is the new annual profit form. If you have any question please feel free to contact me at 786-357-7972.

Thank you,



John K. Hamilton
President

PS: A \$150.00 credit is outstanding.