## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000079402

City-St-Zip:

Entity Name: TIMBER CREEK TRANSPORT INC

FILED Sep 14, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1870 ODOM LANE PONCE DE LEON, FL 32455 US **Current Mailing Address: New Mailing Address:** 1870 ODOM LANE PONCE DE LEON, FL 32455 US FEI Number: 20-2926481 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARROLL, MITCHELL E 1870 ODOM LANE PONCE DE LEON, FL 32455 US 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. SIGNATURE: MITCHELL E CARROLL Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition CARROLL, MITCHELL E Name: Name: 1870 ODOM LANE Address: Address: City-St-Zip: PONCE DE LEON, FL 32455 US City-St-Zip: Title: SEC Title: () Change () Addition () Delete CARROLL, ROSA Name: Name: 1870 ODOM LANE Address: Address: PONCE DE LEON, FL 32455 US

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: MITCHELL E CARROLL 09/14/2009