

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000104246

1. Entity Name  
TI-MIMS INC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 17 AM 8:51

Principal Place of Business  
464 SAINT EMMA DR  
ROYAL PALM, FL 34111

Mailing Address  
464 SAINT EMMA DR  
ROYAL PALM, FL 34111



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152008

REIN-P

CR2E098 (1/07)

4. FEI Number

05-0625344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEART, LASCELLES  
464 SAINT EMMA DR  
ROYAL PALM, FL 34111

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME PEART, LASCELLES  
STREET ADDRESS 464 SAINT EMMA DR  
CITY-ST-ZIP ROYAL PALM, FL 34111 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
800123934038  
04/17/08--01049--012 \*\*\$300.00

TITLE V  
NAME VERNON, ROBERT  
STREET ADDRESS 1849 SOUTH OCEAN DR APT 906  
CITY-ST-ZIP HALLENDALE, FL 33009 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME EBANKS, MARK  
STREET ADDRESS 1849 SOUTH OCEAN DR APT 906  
CITY-ST-ZIP HALLENDALE, 33 33009 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
B 4/18/08

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
REINSTATEMENT 67-08

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-08