

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 17 AM 8:51



**DOCUMENT # P05000104246**

1. Entity Name  
**TI-MIMS INC**

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.

04152008 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number

**05-0625344**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

*Lascelles Peart*

*4-15-08*

*B 4/18/08*  
**REINSTATEMENT 67-08**