

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 12 AM 10:52

DOCUMENT # P96000054869 (8)

1. Corporation Name

TIMBERWOLF, INC.

2. Principal Office Address

7375 Baywoods Lane

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32504

Country

USA

3. Mailing Office Address

7375 Baywoods Lane

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32504-8502

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/1996

5. FEI Number

59-3386183

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Heath, Robert N. JR

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

4300 Bayou Boulevard

Suite, Apt. #, Etc.

Suite 7

City

Pensacola, FL 32504

State

FL

Zip Code

32591

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

REGISTERED AGENT MUST SIGN

Date 5/24/2000

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
D/P	Benson, William R.	7375 Baywoods Lane	Pensacola, FL 32504
D/S	Benson, Eileen C.	7375 Baywoods Lane	Pensacola, FL 32504

10. I certify that I am an officer or director or the registered agent 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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 R. Benson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/00
Date

850-438-9770
Daytime Phone #

98-00

AD