PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

97 AR

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

(1)

FILED
97 DEC 22 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000058125

1. Corporation Name

TIMBERWOLF CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
4600 KUMQUAT STREET COCOA FL 32926	4600 KUMQUAT STREET COCOA FL 32926

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/08/1996

5. FEI Number: 593390184 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addressos of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	WEAVERS, EDWIN A	4600 KUMQUAT STREET	COCOA FL 32926

000002384116--1
-12729797--01072--003
****173.75 ****173.75

8. Name and Address of Current Registered Agent

WEAVERS, EDWIN A
4600 KUMQUAT STREET
COCOA FL 32926

9. Name and Address of New Registered Agent

Name: Edwin A. Weavers
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.: Same
City | State: FL | Zip Code

CR2E040 (8/97)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Edwin A. Weavers
REGISTERED AGENT MUST SIGN
Date: 12 15 97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver 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: Edwin A. Weavers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To whom it may
Concern I apreciate
your allowing me to
send you the origival 165.00
filing fee per the phone
call to your effice inclosed
along with check a dissabillity
Note From my doctors. My corpera-
tion is owned by me and I
wear all the hats and I find it
Hard to keep up with but I have
taken steps to insure that my
commitments are handled more
responseable please Except my
poor Excuse for failure to turn
in report in a timely manner

Thank
Edward A Weaver