

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 29 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000047283

1. Corporation Name

TIMOTHY R. GROSS, P.A.

REINSTATEMENT 02-04

2. Principal Office Address

1755 W BRANDON BLVD.

Suite, Apt. #, etc.

SUITE A

City & State

BRANDON, FL

Zip

33511-4860

Country

US

3. Mailing Office Address

1755 W BRANDON BLVD.

Suite, Apt. #, etc.

SUITE A

City & State

BRANDON, FL

Zip

33511-4860

Country

US

700030720907
03/18/04--01033--015 **1058.75

**4. Date Incorporated or Qualified
To Do Business in Florida 5/27/1997**

5. FEI Number
65-0746935

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

R. H. MEEKS

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

Suite, Apt. #, Etc.

City

BRANDON

State
FL

Zip Code

33510-3504

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

Date 2/11/2004

REGISTERED AGENT MUST SIGN

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
P/D	TIMOTHY R. GROSS	5104 BROKEN SOUND LANE	VALRICO, FL 33594-8226
V/S/D	KATHY J. GROSS	5104 BROKEN SOUND LANE	VALRICO, FL 33594-8226

10. 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/2004

Date

Daytime Phone #

813-685-7755 x-157

CR2E081 (01/04)