attachment 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 APR 22 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000108341

1. Corporation Name

T. M. Dalrymple, INC

03-13-08 90032 015 $150.00
800120588186
03/18/08--01012--003 **150.00

REINSTATEMENT Certificate (07) 07-08 KS

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 1039 NE 3rd St | SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Gainesville, FL | City & State |
| Zip: 32601 Country: ALACHUA | Zip Country |

4. Date Incorporated or Qualified To Do Business in Florida: 11/98

5. FEI Number: 59-3481514 ☐ 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: ~~NUNC - SAME - Sec~~ Tim Dalrymple

Street Address (P.O. Box Number is Not Acceptable): 1039 NE 3rd Street

Suite, Apt. #, Etc.

City: Gainesville State: FL Zip Code: 32601

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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: T. McDalrymple 21 Apr 08 Date: 14 April 08
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 |
|---|---|---|---|
| Pr President | Timothy M. Dalrymple | 1039 NE 3rd St | Gainesville FL 32601 |
| VP | " | " | " |
| Treas | " | " | " |
| Sec | " | " | " |
| | | | |
| | | | |

**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 contained in Chapter 119, 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:** T. McDalrymple 21 Feb 08 352-359-5002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

# T. M. Dalrymple, Inc.

April 14, 2008

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 323014

Ref.: Letter Number 408A00018200 from Sean Toner, Senior Section Administrator 3/27/08
Letter Number 808A00018594 from Tina D Cauley, Regulatory Specialist II 3/28/08
Both of these references are enclosed

Dear M. Toner and M. Cauley,

If I correctly understand your concerns, I believe that the issues raised in letter 408A00018200 are resolved in the attachments to letter number 808A00018594. As indicated I did not receive the renewal notice. I have confirmed this in the corporate reinstatement form and the balance due listed in this letter was in fact paid as noted in the letter number (and attachments) 408A00018200.

Please accept my apologies for any confusion caused by not filing the simultaneously.

Tim Dalrymple, President

Enclosures, referenced letters and their supporting documentation

*Dalrymple, Inc.*
*1039 NE 3rd Street*
*Gainesville, FL 32601*

*Office: 352-359-5002*
*Home: 352-375-4129*
*E-Mail: tim_dalrymple@msn.com*