

PLEASE READ ALL INSTRUCTIONS BEFORE

APPROVED
AND
FILED

05 MAR 17 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000033628

1. Corporation Name
Timijun, Inc.

2. Principal Office Address
1414 Guiles Road
Suite, Apt. #, etc.

3. Mailing Office Address
1414 Guiles Road
Suite, Apt. #, etc.

City & State
Brandon, Florida

City & State
Brandon, Florida

Zip Country
33511 USA

Zip Country
33511 USA

REINSTATEMENT 99-05
MRS

4. Date Incorporated or Qualified
To Do Business in Florida 04-10-98

5. FEI Number 59-3693207
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
Joseph L. Diaz

Street Address (P.O. Box Number is Not Acceptable)
2522 W. Kennedy Blvd.

Suite, Apt. #, Etc.

City
Tampa

State Zip Code
FL 33609

000049338260
03/29/05--01013--023 **1650.00

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

Joseph L. Diaz

REGISTERED AGENT MUST SIGN

Date 2-23-05

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	Terrence C. Hernandez	1414 Guiles Rd.	Brandon, FL 33511

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)(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:

Terrence C. Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-05 (013) 242-6072

Date Daytime Phone #

CR2E081 (01/05)