

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL
FILED

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JUL 12 PH 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000039407

1. Corporation Name

Timber Cruisers ~~Corporation~~ Inc

REINSTATEMENT

00-06

CR2E081 (12/05)

2. Principal Office Address

9011 SW 138 ST

3. Mailing Office Address

Suite, Apt. #, etc.

G

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33176

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/1/98

5. FEI Number

53009
65-08

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

Donna Brower

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

9011 SW 138 ST

Suite, Apt. #, Etc.

G

City

Miami

State
FL

Zip Code

33176

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

[Signature]

Date 7/11/06

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
<u>President</u>	<u>Michael D Thompson</u>	<u>9011 SW 138 ST G</u>	<u>Miami FL 33176</u>

600077765156
07/20/06--01004--012 **1050.00
600077765156
07/20/06--01004--013 **8.75

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:

Michael D Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/11/06

Daytime Phone #

305 233 8587

7/11/06

2/2

July 11, 2006

To Whom It May Concern,

I am requesting a waiver for the reinstatement fee. As I had explained over the phone that I did not receive my annual report notice, the mailbox had been closed. I have enclosed the check for the annual report and corporate supplemental fees.

Thank you,

A handwritten signature in black ink, appearing to be 'Donna Brower', with a long horizontal line extending to the right.

Donna Brower
(305) 233-8587