

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 14 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000082894

1. Corporation Name

TIMIYAH COMPANY

Principal Place of Business

3514 BROADWAY
WEST PALM BEACH FL 33407

Mailing Address

3514 BROADWAY
WEST PALM BEACH FL 33407

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

09-1

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/1998

5. FEI Number

65-0867856

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WINGATE, TIMOTHY	3514 BROADWAY	WEST PALM BEACH FL 33407
			700003114117--2 -01/28/00--01031--012 *****900.00 *****900.00
			700003114117--2 -01/28/00--01031--013 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

WINGATE, TIMOTHY
3514 BROADWAY
WEST PALM BEACH FL 33407

9. Name and Address of New Registered Agent

Name
Timothy L. Wingate, Jr.
Street Address (P.O. Box Number is Not Acceptable)
1419 WEST BTH Street
Suite, Apt. #, Etc.
City
Riviera Beach State
FL Zip Code
33407

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

REGISTERED AGENT MUST SIGN

Date 01-12-00

11. 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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES. 01-12-00

Date

Daytime Phone #

561 8639560