

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
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CORPORATIONS

FILED

02 JUN 14 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000052111

1. Corporation Name

TIMBO, INC.

Principal Place of Business

540 BRICKELL AVENUE
SUITE 606
MIAMI FL 33133

Mailing Address

DAVID J. HART, P.A.
100 N. BISCAYNE BLVD., #2600
MIAMI FL 33132

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

2. New Principal Office Address, If Applicable

1801 Purdy Avenue

Suite, Apt. #, etc.

City & State
Miami Beach, FL

Zip Country
33139 USA

3. New Mailing Office Address, If Applicable

1801 Purdy Avenue

Suite, Apt. #, etc.

City & State
Miami Beach, FL

Zip Country
33139 USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/1999

5. FEI Number

01-0706618

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	SUCRE-PIMENTEL, ALEJANDRO	c/o 1801 Purdy Avenue	Miami Beach, FL 33139
D	HATCH, DONALD	c/o 1801 Purdy Avenue	Miami Beach, FL 33139

200005911882--6
-06/21/02--01079--010
****900.00 ****900.00

8. Name and Address of Current Registered Agent

HART, DAVID J.
100 N. BISCAYNE BOULEVARD
SUITE #2600
MIAMI FL 33132

9. Name and Address of New Registered Agent

Name
HART, DAVID J.
Street Address (P.O. Box Number is Not Acceptable)
21 S.E. 1 Avenue
Suite, Apt. #, Etc.
10th Floor
City
Miami
State
FL
Zip Code
33131

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 6/10/02

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEJANDRO SUCRE

Date

6/10/02

Daytime Phone #

305-535-2414