

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 99 DEC -8 AM 9:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # S16227 1. Corporation Name <p style="text-align: center;">THE TIMBERLAKE GROUP, INC.</p>					
Principal Place of Business		Mailing Address			
The Timberlake Group, Inc., 5050 N.W. 74 Avenue, Miami, FL 33166.		The Timberlake Group, Inc., 5050 N.W. 74th. Ave., Miami, FL 33166.			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/30/90	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0234441	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PTD	DUGGER, ROBERT A.	5050 N.W. 74th. AVE.	MIAMI, FL. 33166		
SD	DUGGER, RACHEL	5050 N.W. 74th. AVE.	MIAMI, FL. 33166		
400003070214--2 -12/14/99--01104--015 *****750.00 *****750.00					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
DUGGER, ROBERT A. SR., C/O THE TIMBERLAKE GROUP, INC., 5050 N.W. 74th. AVENUE, MIAMI, FL. 33166.			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, Etc.		
			City	State	Zip Code
			FL		
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		 ROBERT A. DUGGER REGISTERED AGENT MUST SIGN		Date 12/3/99	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
(See other side for information on intangible tax.) KE					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:		 R.A. DUGGER 12/3/99 (305) 593-1141 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2040 (12/95)