

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 25 AM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S16227

1. Corporation Name

The Timberlake Group, Inc

REINSTATEMENT 01-03

500021132105

06/25/03--01036--007 \*\*1050.75

2. Principal Office Address

6501 NW 36<sup>th</sup> ST.

Suite, Apt. #, etc.

SUITE 385

City & State

MIAMI, FL.

Zip

33166

Country

USA

3. Mailing Office Address

6501 NW 36<sup>th</sup> ST.

Suite, Apt. #, etc.

SUITE 385

City & State

MIAMI, FL

Zip

33166

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/30/1990

5. FEI Number

65-0234441

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

ROBERT A. DUGGER, SR

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

6501 NW 36<sup>th</sup> ST

Suite, Apt. #, Etc.

SUITE 385

City

MIAMI, FL.

State

FL

Zip Code

33166

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]*  
REGISTERED AGENT MUST SIGN

Date 6/23/03

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PTD    | ROBERT A. DUGGER, SR                 | 6501 NW 36 <sup>th</sup> ST Suite 385             | MIAMI, FL 33166    |
| SD     | RACHEL DUGGER                        | 6501 NW 36 <sup>th</sup> ST Suite 385             | MIAMI, FL 33166    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. DUGGER, SR

Date

6/23/03

Daytime Phone #

305-492-8880

CR2E081 (10/02)

7/6/23