

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 31 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S18239

1. Corporation Name

TIM ISMAN'S CUSTOM HOME IMPROVEMENT, INC.

Principal Place of Business

251 FALLWOOD LN
CRAWFORDVILLE FL 32327
US

Mailing Address

251 FALLWOOD LN
CRAWFORDVILLE FL 32327
US



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 Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3043347

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| PTS | ISMEN, TIMOTHY W. | 42 ISMAN DR 251 Fallwood Lane | CRAWFORDVILLE FL |
| DV | ISMEN, PATRICIA E. | 42 ISMAN DR 251 Fallwood Lane | CRAWFORDVILLE FL |
| D | ISMEN, ESTHER P | 24 ISMAN DR ISMEN | CRAWFORDVILLE FL |

100003133361--9
-02/11/00--01113--015
****300.00 ****300.00

8. Name and Address of Current Registered Agent

ISMEN, TIMOTHY W.
251 FALLWOOD LANE
CRAWFORDVILLE FL 32327

9. Name and Address of New Registered Agent

| | | |
|--|--------------------|----------|
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| Suite, Apt. #, Etc. | | |
| City | State FL | Zip Code |

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

Timothy W. Isman
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 01-24-00

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.

SIGNATURE:

Timothy W. Isman
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 01-24-00 (850) 599-5948
Daytime Phone #

KE

CR2E040 (8/99)

Tim Isman's Custom Home Improvement, Inc.
251 Fallwood Lane Crawfordville Fl. 32327

2

01/24/00

Division of Corporations Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. 32314-6327

To Whom It May Concern,

I am writing this letter to request a one time waiver of the Reinstatement Fee due to the fact that I did not receive my annual report form. We have had a lot of mail theft in our subdivision from teenagers. I have just purchased quick books pro 2000 and I am setting the program up now, to help make my company information and responsibilities accessible to me in a professional manner in an attempt to avoid this type of incident from happening again.

I apologize for any inconvenience that I may have caused, and I would sincerely appreciate your help in this matter.

Thank You,



Timothy W. Isman