FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 OCT 14 PM 12:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000004107

1. Corporation Name

REAL TIME INTEGRATION, INC.

REINSTATEMENT 07

600023798516
10/14/03--01070--024 **750.00

2. Principal Office Address	3. Mailing Office Address
1819 S. Riverview Drive	1819 S. Riverview Drive
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.: Suite 101
City & State: Melbourne, Florida	City & State: Melbourne, Florida
Zip: 32901 Country: USA	Zip: 32901 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: July 17, 2000

5. FEI Number: 593641867 ☐ 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: Michael Hahle

Street Address (P.O. Box Number is Not Acceptable): 2220 Front Street

Suite, Apt. #, Etc.: #401

City: Melbourne | State: FL | Zip Code: 32901

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 _____ Date 10/6/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/C/D	Michael Hahle	1819 S. Riverview Drive	Melbourne, FL 32901
D	Donald DeSanctis	13000 Pierce Street	Pacoima, CA 91331
D	Mary Adams	13000 Pierce Street	Pacoima, CA 91331
S/D	James Suggs	1819 S. Riverview Drive	Melbourne, FL 32901
D	Patrick Eidemiller	13000 Pierce Street	Pacoima, CA 91331
T	Robert Jackson	1819 S. Riverview Drive	Melbourne, FL 32901

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: _____ Michael Hahle 10/6/03 321-733-1128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 10/15