

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000042414

1. Limited Liability Company's Name
Goodtime Holdings, LLC

800134668938
08/20/08--01025--008 **416.75

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # <u>6590 West Rogers Circle</u>		3. Mailing Office Address	
Suite, Apt. #, etc. <u>#8</u>		Suite, Apt. #, etc.	
City & State <u>Boca Raton FL</u>		City & State <u>Florida</u>	
Zip <u>33487</u>	Country <u>U.S.A</u>	Zip	Country

4. State/Country of Formation <u>Florida / USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>4/29/2005</u>	
6. FEI Number <u>37-1508892</u>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Amy Rector

Street Address (P.O. Box Number is Not Acceptable)
17962 Wagon wheel DRIVE

Suite, Apt. #, Etc.
8

City
Boca Raton

State
FL

Zip Code
33496

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Amy Rector Date 8/14/08

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Matthew Rector	17962 Wagon wheel DR	Boca Raton, FL 33496
MGRM	Amy Rector	17962 Wagon wheel DR	Boca Raton, FL 33496
REINSTATEMENT 2006-2008			

FILED
 08 AUG 28 PM 12:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager Amy Rector Date 8/14/08 Daytime Phone # 561-441-1735

Typed or printed name of signing Managing Member/Manager Amy Rector