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Florida Department of State

Division of Corporations
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To:
Division of Corporations
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REINSTATEMENT 3/26/07

From:
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

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LIMITED LIABILITY REINSTATEMENT

E-TIME, LLC

GBM

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L05000078013

1. Limited Liability Company's Name

E-TIME, LLC

2. Principal Office Address	3. Mailing Office Address
2010 NW 84TH AVE	C/O ONE SE 3RD AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 25TH FLOOR
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33122 / Country USA	Zip 33131 / Country USA

4. State/Country of Organization: FLORIDA

5. Date Organized or Qualified to Do Business in Florida: 08/08/2005

6. FEI Number: 77-0676214 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐

8. Name and Address of Current Registered Agent

Name: AMERICAN INFORMATION SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): ONE S.E. 3RD AVE.

Suite, Apt. #, etc.: 25TH FLOOR

City: MIAMI State: FL Zip Code: 33131

☐ 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.

American Information Services, Inc.

Signature of Registered Agent: By: [signature] - Nery C. Toledo, Asst. Sec. Date: March 26, 2007

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
M	BRAULIO PERALTA	2010 NW 84TH AVE	MIAMI, FL 33122

11. I certify that I am managing member/manager of the limited liability company empowered to execute this application as provided for in chapter 608, F.S. I further certify that [illegible] the limited liability company name satisfies the requirements of section 608.406, F.S., and that [illegible] 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: [signature] Date: ______ Daytime Phone #: (305) 921-1213

Typed or printed name of signing Managing Member/Manager: BRAULIO PERALTA, MANAGER

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