

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 SEP -9 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 112600120627

1. Limited Liability Company's Name

TIMEMINDER TECHNOLOGIES, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 300 E. Oakland Park Blvd.		3. Mailing Office Address 300 E. Oakland Park Blvd.	
Suite, Apt. #, etc. #353		Suite, Apt. #, etc. #353	
City & State Oakland Park, FL		City & State Oakland Park, FL	
Zip 33334	Country USA	Zip 33334	Country USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida
09/19/2012

6. FEI Number
46-1264763

☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Bouakham Chanthavongnasaeng			
Street Address (P.O. Box Number is Not Acceptable) 300 E. Oakland Park Blvd.			
Suite, Apt. #, Etc. #353			
City Oakland Park		State FL	Zip Code 33334

500264162275
09/09/14--01011--023 **377.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Bouakham

REGISTERED AGENT MUST SIGN

Date 8/19/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Bouakham Chanthavongnasaeng	300 E. Oakland Park Blvd., #353	Oakland Park, FL 33334

REINSTATEMENT

SEP 9 2014

R. HUNT

11. E-mail Address: time.minder.technologies@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Bouakham

Date 8/19/14

Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager Bouakham Chanthavongnasaeng