PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2024 JUN -5 PM 12:08

000431057330

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L22000385462

1 Limited Liability Company's Name
It's our time Holding LLC

CR2EC41 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2078 Richmond Avenue	2078 Richmond Avenue
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Staten Island, NY	City & State: Staten Island, NY
Zip: 10314 Country: United States	Zip: 10314 Country: United States

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 09/07/2022

6. FEI Number: 92-0277605 ☐ 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: Incorporating Services, LTD

Street Address (P.O. Box Number is Not Acceptable) Suite,: 1540 Glenway Drive

Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: Melissa A Moreau Date: 6/4/2024

REGISTERED AGENT MUST SIGN
Melissa A. Moreau, Assistant Secretary

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
Amber	Joseph D. Sciarrino	68 middle loop Road	Staten Island, NY 10308
MGR	Thomas Scarpaci Jr.	71 Commerce Street	Staten Island, NY 10314
MGR	Joseph D. Vitacco Jr.	13 Idaho Lane	Amerdeen, NJ 07747
MGR	Vincent Vitacco	68 Middle Loop Rd	Staten Island, NY 10308
MGR	Louis Picaro	108 Tillman Street	Staten Island, NY 10314

11. E-mail Address: radiv@incserv.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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: Joseph D. Sciarrino Date: 6/4/24 Daytime Phone #: 718-698-1000

Typed or printed name of signing authorized representative/member: Joseph D. Sciarrino

T. WILSON

JUN - 5 2024

Incorporating Services, Ltd.
1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 6/5/2024 **PRIORITY** Regular Approval **OUR REF # (Order ID#)** 1260099

ORDER ENTITY
IT'S OUR TIME HOLDING LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
IT'S OUR TIME HOLDING LLC (FL)
File the attached reinstatement document

NOTES:
$100.00 Authorized

RECEIVED
2024 JUN -5 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.