

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

P8182

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L73312

1. Corporation Name

TIME WORLD, INC.

FILED

01 JAN 24 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

18200 N.W. 27TH AVENUE
SUITE 207
MIAMI FL 33056
US

Mailing Address

18200 N.W. 27TH AVENUE
SUITE 207
MIAMI FL 33056
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1990

SP

5. FEI Number

65-0200409

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPS	HWANG, YOUN SUG	18200 NW 27TH AVE STE 207	MIAMI FL 33056

800003573568--9

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HWANG, YOUN SUG
18200 N.W. 27TH AVENUE, SUITE 207
MIAMI FL 33056

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

1/22/01

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/01

CR2E040 (9/00)

pg 2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 975949 7160791

AUTHORIZATION :

COST LIMIT : \$ 900.00

Patricia P. [signature]

ORDER DATE : January 24, 2001

ORDER TIME : 12:39 PM

ORDER NO. : 975949-005

CUSTOMER NO: 7160791

CUSTOMER: Ms. Sandy Cho
Sandy Cho, Cpa
Suite 19
2750 N.w. 3rd Avenue
Miami, FL 33127

DOMESTIC FILINGS

NAME: TIME WORLD, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS _____

RECEIVED
01 JAN 24 PM 2:30
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA