

APPROVED  
AND  
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

02 APR -3 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L97000001434**

1. Limited Liability Company's Name

**TIMEOUS SYSTEMS**

**REINSTATEMENT**

**1999-  
2002**

2. Principal Office Address

**2451 BRICKELL AVE**

Suite, Apt. #, etc.

**SUITE 4K**

City & State

**MIAMI, FL**

Zip

**33129**

Country

**USA**

3. Mailing Office Address

**2451 BRICKELL AVE**

Suite, Apt. #, etc.

**SUITE 4K**

City & State

**MIAMI, FL**

Zip

**33129**

Country

**USA**

4. State/Country of Formation

**FLORIDA / USA**

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

**65-0814544**

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

**ATIF KHAN**

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

**2451 BRICKELL AVE**

Suite, Apt. #, Etc.

**SUITE 4K**

City

**MIAMI**

**700005236527--0**

**-04/10/02--01078--025**

**\*\*\*300.00 \*\*\*300.00**

State

**FL**

Zip Code

**33129**

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

**Atif Khan**

REGISTERED AGENT MUST SIGN

Date **3/30/2002**

**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	ATIF KHAN	2451 BRICKELL AVE SUITE 4K	MIAMI, FL 33129
MGRM	MICHAEL FUSSY	3325 KIRKMAN RD #434	ORLANDO, FL 32811

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

**Atif Khan**

Date **3/30/2002**

Daytime Phone #

**954-325-3480**

Typed or printed name of signing Managing Member/Manager

**ATIF KHAN**

CR2E041 (9/01)