PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | ORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | FILED |
|---|---|---|---------------------------------------|
| DOCUMENT # M 34798 | , | | 07 DEC 27 PM 1: 43 |
| 1. Corporation Name PERSONALIZED Clock | G HOURS, CORP. | | SECRETARY OF STATE |
| 12 / 2 / A | * | | TALLAHASSEE, FLORIDA |
| | 107000061785 | DEIV | ICTATEMENT 1995 |
| 2. Principal Office Address - No P.O. Box # 12509 SW 11079 S, Caucal STPd 3. | - Mailing Office Address - Ro-BOX 650099 | KCII | CR2E081 (1/07) |
| Suite, Apt. #, etc. St | ùie, Apt. #, etc. | | orated or Qualified ess in Florida |
| City & State Ci | ity & State | 5. FEI Number | Applied For |
| Zip Country Zi | , , , , , , | 650/3 | \$8.75 Additional Fee regulard |
| 3,3/86 4 S.A. 7. Name and Address of Cu | | CERTIFICATE | or a Certificate of Status (|
| Name Raul Carmenate | | The 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 reinstatement | |
| Street Address (P.O. Box Number is Not Acceptable) 125 0 9 SW 1/0 - S- Caual St Rood | | | |
| Suite, Apt. #, Etc. | | | |
| City Mauri | State Zip Code FL 33/86 | tee be | waived. |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. | | | |
| Signature of Registered Agent Agent Carnewale REGISTERED AGENT MUST SIGN Date (2/21/07 | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
| Titles Name of Officers and/or Directors | Street Address of Eacl Officer and/or Directo | | City / State / Zip |
| P Raul Carmenate 12509SW110ths. Coursest Rod MIAMI FIA: | | | MIAMI FIA 33186 |
| | | | |
| | | 200114331152 01/08/0801017015 **1950.00 | |
| | | | |
| | | 200114331152 01/08/0801017016 **115.00 | |
| | , | | |
| 10. 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 ellminated, 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylimo Phone # | | | |

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