

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

Corporation Name Personalized Clocks Hours, Corp.

W07000061785

2. Principal Office Address - No P.O. Box #

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12509 SW 110th S. Canal St Rd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 650099

Suite, Apt. #, etc.

City & State

MCAD11 F/A

Zip

33186

Country

USA.

City & State

Mami F/A

Zi

33265

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name _____

Raul Carmenate

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

Street Address (P.O. Box Number is Not Acceptable)
12509 SW 110th S. Canal St Road

Suite, Apt. #, Etc.

City

Man

State

State
FL

Zip Code

Zip Code
33186

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

Raul Carmenate
REGISTERED AGENT MUST SIGN

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)

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 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 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:

Raul Rosencate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____