

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M34798**

1. Corporation Name

Personalized Clocks Hours, Corp.

W07000061785

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

12509 SW 110th S. Canal St Rd

Suite, Apt. #, etc.

City & State

MIAMI FLA

Zip

33186

Country

USA.

3. Mailing Office Address

P.O. Box 650099

Suite, Apt. #, etc.

City & State

Miami FLA

Zip

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)

12509 SW 110th S. Canal St Road

Suite, Apt. #, Etc.

City

Miami

State

FL

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

Date

12/21/07

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 Each Officer and/or Director	City / State / Zip
<i>P</i>	<i>Raul Carmenate</i>	<i>12509 SW 110th S. Canal St Road</i>	<i>MIAMI FLA 33186</i>
			<i>200114331152</i> <i>01/08/08--01017--015 **1950.00</i>
			<i>200114331152</i> <i>01/08/08--01017--015 **115.00</i>

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

Date

12/21/07

Daytime Phone #

FILED

07 DEC 27 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 1995-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

650133778

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required for a Certificate of Status

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 fee be waived.