## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILED 09 JAN 27 AM II: 09			
	DIVISION OF CO	DRPORATIONS		09 JAN 27	כטיוויים	
DOCUMENT # NO 1000000004-  1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
A Byte @ A Time, INC						
A 2900 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 526605			1	001422	79451	
1631 BALTIMORE AVE Suite, Apt. #, etc.	631 BALTIMORE AVE P.O. BOX 536195			01/28/0901023008 **1208.75 cr2E081 (12/08)		
Sune, Apr. #, etc.	Suite, Apt. #, etc.			4. Date Incorporated or Qualified		
City & State	City & State		To Do Business in Florida  5. FEI Number  Apolied For			
ORIANDO, FL	ORIANDO FL		5. FEI Number Applied For Not Applicable			
32803 Country U.S.A	32853	u.SA,	6. CERTIFICATE	OF STATUS DESIRED	56.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent						
CIPEG HOPCRAFT			☐ 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)						
520 CANYARD CM Suite, Apt. #, Etc.						
City. State Zip Code			fee be waived.			
DeBary State 2ip Code FL 32713						
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.						
Signature of Registered Agent Date 0/23/09 REGISTERED AGENT MUST SIGN						
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Titles Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
D CYNTHIA A. HOPCRAPT 1631 BALTIMORE AV DRIANDO, FL 32803						
VP/T JAY CALLIHAN	1 Z002	2003 GASTON FOSTER		RD ORLA	ND032812	
5 POBERT K DONOVAN 4100 LAKE GAT			ZIN AV	ORLAN	00 FT 37812	
		RI	J			
REINSTAT	EMENT		•			
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: MITTHE NAME OF SIGNING OFFICER OR DIRECTOR Date Of JOSEPH Phone #						