PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 30 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40525

1. Corporation Name

Time Travelers, Inc.

Principal Place of Business	Mailing Address
372 E. Semoran Casselberry, FL 32707	401 E. Semoran Blvd Casselberry, FL 32707

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
750 N. Maitland Ave	750 N. Maitland Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Maitland, FL	City & State: Maitland, FL
Zip: 32751 Country: USA	Zip: 32751 Country: USA

REINSTATEMENT 97

4. Date Incorporated or Qualified To Do Business in Florida: 10/22/1990

5. FEI Number: 59-3040910 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Todd McAuliff	401 E. Semoran Blvd	Casselberry, FL 32707
SD	Nancy Voegtlin	401 E. Semoran Blvd	Casselberry, FL 32707
D.	Robert Kelley per Margie at Randall Smith's office 12/30/97	401 E. Semoran Blvd.	Casselberry, FL 32707 12-30-97
			600002359126--8 -01/07/98--01094--003 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

Todd McAuliff
401 E. Semoran Blvd
Casselberry, FL 32707

9. Name and Address of New Registered Agent

Name: Randall C. Smith
Street Address (P.O. Box Number is Not Acceptable): 750 N. Maitland Avenue
Suite, Apt. #, Etc.:
City: Maitland State: FL Zip Code: 32751

CR2E040 (1/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 12/29/97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: Nancy Voegtlin Nancy Voegtlin, Sec. 12/29/97 (407)767-8279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #