

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
STATE
DIVISION OF CORPORATIONS

08 APR 16 AM 9:41

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000002633

1. Corporation Name

REALTIME.COM, INC.

100123774031
04/17/08--01003--012 **1050.00

CR2E081 (12/07)

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

7071 UNIVERSITY BLVD

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

Zip

32792

Country

3. Mailing Office Address

7071 UNIVERSITY BLVD

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

Zip

32792

Country

4. Date Incorporated or Qualified
To Do Business in Florida 1/10/2000

5. FEI Number

59-3624106

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 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.

7. Name and Address of Current Registered Agent

Name

DAY, DONALD L.

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

7071 UNIVERSITY BLVD

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32792

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

Date

4/9/08

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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	DAY, DONALD L.	7071 UNIVERSITY BLVD	WINTER PARK, FL 32792

B 4/17/08

REINSTATEMENT 06-08

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

Donald L. Day, President

407-645-1003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #