

192  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAR -9 AM 8:00

DOCUMENT # 800000058518

**1. Corporation Name**

GOD'S TIME EDUCATIONAL SERVICES INC

**2. Principal Office Address**

8533 CLARIDGE DR

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33025

Country

**3. Mailing Office Address**

8533 CLARIDGE DR

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33025

Country

**REINSTATEMENT**

03-04  
MRB

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**  
65-1017808

Applied For

Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name

BOLATITO IDOWU

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

8533 CLARIDGE DRIVE

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33025

**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

*[Signature]*

Date

2/3/04

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
D	BOLATITO IDOWU	8533 CLARIDGE DRIVE	MIRAMAR, FL 33025

**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 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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/3/04

Daytime Phone #

305-725-2478

CR2E081 (01/04)

292

3/2/2004

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314**

**GOD'S TIME EDUCATIONAL SERVICES, INC  
8533 CLARIDGE DR  
MIRAMAR, FL 33025**

**RE: REINSTATEMENT OF GOD'S TIME EDUCATIONAL SERVICES, INC  
DOC # PO0000058515**


Per our telephone conversation today 03/02/04, with one of your representatives,  
in regards to reinstatement, please find attached check for \$300.00.

Kindly waive penalty fees due to none receipt of prior Uniform Business Reports. <sup>2003</sup>

Please feel free to call me at this number 305.725.2478 if I can be of further  
assitantance.

Your help in this matter will be greatly appreciated.

Sincerely

  
**Bolatitto Idowu  
8533 CLARIDGE DR  
MIRAMAR, FL 33025**