

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000064837

1. Corporation Name

TIME SQUARE WATCHES, INC.

Principal Place of Business

Mailing Address

~~9342 AIRPORT BLVD.~~  
~~ORLANDO FL 32837~~

~~9342 AIRPORT BLVD.~~  
~~ORLANDO FL 32837~~

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

2. New Principal Office Address, If Applicable

TIME SQUARE WATCHES, INC

3. New Mailing Office Address, If Applicable

(Same)

Suite, Apt. #, etc.

4949 International Drive Ste K-3

Suite, Apt. #, etc.

City & State

Orlando,

City & State

Zip

32819

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/27/2001

5. FEI Number

41-205 6964

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>PRST</del>	<del>PIRMALA, KATHY</del>	<del>9342 AIRPORT BLVD.</del>	<del>ORLANDO FL 32837</del>
SEC.	WANN K. CHONG	9524 CROWN PRINCE LN	WINDERMERE, FL 32876
PRESIDENT	DALIP SINGH	7658 MOUNT CARMEL DRIVE	ORLANDO, FL 32835.

8. Name and Address of Current Registered Agent

SINGH, DALIP c/o Time Square Watches  
9342 AIRPORT BLVD. 4949 International  
ORLANDO FL 32837 Drive, Ste K-3,  
Orlando, FL 32819

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/31/02

11. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

**TIMES SQUARE WATCHES  
4949 INTERNATIONAL DRIVE STE K-3  
ORLANDO, FLORIDA 32819  
407-352-4686  
FAX 407 352-1223**

**October 31, 2002**

**Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327**

**Fei Number 41-2056964**

**Dear Sir,**

**We recently received Notice of Administrative Dissolution due to failure to file an annual report. We did file our annual report and paid the \$150.00 filing fee. We did not have our FEI number at the time we filed. We closed our office and moved in the interim and did not receive any further notices until this one. We immediately called and were told to just send a letter and we would be returned to an active status.**

**Thank you for your help.**

**Sincerely,**



**Dalip Singh**