

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000089588

1. Corporation Name

TIME 4 U INC.

Principal Place of Business

Mailing Address

13226 GULF BLVD.
MADEIRA BEACH FL 33708

13226 GULF BLVD.
MADEIRA BEACH FL 33708

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/2001

5. FEI Number

59-3743254

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	4 City / State / Zip
D	GORDON, JUDY Lugen, Judy	13224 GULF BLVD.	MADEIRA BEACH FL 33708

000024204460

10/28/03--01043--003 **150.00

[Handwritten signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Lugen, Judy
~~GORDON, JUDY~~
13224 GULF BLVD.
MADEIRA BEACH FL 33708

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

[Handwritten signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/26/03

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:

[Handwritten signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/03

Date

4073993673

Daytime Phone #

CR2E040 (7/03)

**Time 4 U Inc.
13226 Gulf Boulevard
Madeira Beach, Florida 33708
(407)399-3673**

October 26, 2003

**Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314**

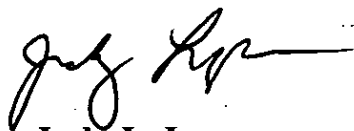
**Reference: Document # P01000089588
FEI # 59-3743254**

To Whom It May Concern,

The prior UBR notices were not received by the above referenced corporation. I am requesting that the reinstatement fee be waived for this reason.

If you should have any questions, please feel free to contact me at any time.

Respectfully,



**Judy L. Lugen
Director
Time 4 U Inc.**