

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000029013 1. Entity Name TIME X SQUARE, INC.						FILED 07 OCT 17 PM 4:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4102 E 11TH AVE HIALEAH, FL 33013				Mailing Address 4102 E 11TH AVE HIALEAH, FL 33013			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 REINSTATEMENT 2007 10082007 REINSTATEMENT CR2E098 (1/07)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number APPLIED FOR				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GARCIA, GUSTAVO 1210 HILLBURN ST. LEHIGH ACRES, FL 33936				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
P GAVICA, GUSTAVO 140 HILLBURN ST. LEHIGH ACRES, FL 33936				300110870139 10/17/07--01003--008 **150.00			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
VP/S Rosue Hernandez 4102 E 11th Ave Hialeah FL 33013				VP/S Rosue Hernandez 4102 E 11th Ave Hialeah FL 33013			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: Rosue Hernandez				10/8/07 (786) 712-9699			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			