

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB -3 AM 8:43

DOCUMENT # P04000 124702

1. Corporation Name

Cookie Time Inc

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

3300 N State Rd 7

Suite, Apt. #, etc.

H 697

City & State

Hollywood FL

Zip

33021

Country

USA

3. Mailing Office Address

3300 N. State Rd 7

Suite, Apt. #, etc.

H 697

City & State

Hollywood FL

Zip

33021

Country

USA

600167915396
02/03/10--01033--029 **150.00

600167915396
02/03/10--01033--029 **900.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

8/27/2004

5. FEI Number

27-0102360

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

Christine Williams

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

3300 N. State Rd 7

Suite, Apt. #, Etc.

H 697

City

Hollywood

State

FL

Zip Code

33021

☐ 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.

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

Christine Williams

Date

FEB-2-2010

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
<u>P</u>	<u>Christine Williams</u>	<u>3300 N. State Rd 7 H 697</u>	<u>Hollywood FL 33021</u>

TO 2/8/10

REINSTATEMENT 08-10

10. E-mail Address: info@curtaxteam.com

(To be used for future annual report notification)

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. I further certify, 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:

Christine Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-2-2010

Daytime Phone #

954-5734773