

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1246

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT #** P05000119048**1. Corporation Name**

Our Time Corporation

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

14600 SW 74 Court

Suite, Apt. #, etc.

3. Mailing Office Address

14600 SW 74 Court

Suite, Apt. #, etc.

City & State

Palmetto Bay, FL.

ZIP

33158-1616

Country

Miami-Dade

City & State

Palmetto Bay, FL.

ZIP

33158-1616

Country

Miami-Dade

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

Nicolas Mordwinkin

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

14600 SW 74 Court

Suite, Apt. #, Etc.**City**

Palmetto Bay

State

FL

ZIP Code

33158-1616

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

Date 11/26/2007

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
P/Treas	Nicolas Mordwinkin	14600 SW 74 Court	Palmetto Bay, FL. 33158
VP/Sec	Marta Mordwinkin	14600 SW 74 Court	Palmetto Bay, FL. 33158

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/2007

Date

305-969-0688

Daytime Phone #

APPROVED
AND
FILED

07 NOV 30 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA12-3-07
fj**REINSTATEMENT** 06-07**4. Date Incorporated or Qualified
To Do Business in Florida**

08/25/2005

5. FEI Number

26-1457189

☒ **Applied For**

Not Applicable

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

☒ 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.

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11/30/07--01049--009 **300.00