


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P06000142750</b>		
1. Entity Name <b>ESSENCE OF TIME WATCHES INC</b>		

Principal Place of Business <b>ALFRED DUPONT BUILDING 169 E. FLAGLER STREET, SUITE 842 MIAMI, FL 33131</b>	Mailing Address <b>ALFRED DUPONT BUILDING 169 E. FLAGLER STREET, SUITE 842 MIAMI, FL 33131</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent <b>RODRIGUEZ, RAFAEL J 622 NORTH STATE ROAD 7 HOLLYWOOD, FL</b>	
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7. Name and Address of New Registered Agent Name <b>GLADIS MELENDEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>1520 S. STATE RD 7.</b> City <b>HOLLYWOOD</b> FL Zip Code <b>33023</b>	
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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 <i>Geary Infirmary</i> <small>Signature, typed or printed name of registered agent and code if applicable</small>	DATE <b>06/01/2009</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARROS, JOSE 9920 S.W. 115 AVE MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>200156943572</del> 06/03/09--01002--017 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARROS, MYRIAM 9920 S.W. 115 AVE MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200156943572 06/09/09--01002--018 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>12/6/12</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <i>X [Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>6.02.09</b> DAYTIME PHONE # <b>305 5950818</b>
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FILED  
09 JUN -9 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-09  
06/01/2009 REIN-P 06/01/2009 (1/07)