

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
IT'S REALLY TIME ENTERPRISES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

FILED

09 DEC 31 PM 2:48

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000110565

1. Corporation Name

It's Really Time Enterprises, Inc.

2. Principal Office Address - No P.O. Box #
800 South Ocean Boulevard3. Mailing Office Address
800 South Ocean BoulevardSuite, Apt. #, etc.
Apt. 406Suite, Apt. #, etc.
Apt. 406City & State
Boca Raton, FLCity & State
Boca Raton, FLZip
33432-6363Country
USAZip
33432-6363Country
USA4. Date Incorporated or Qualified
To Do Business in Florida 10/05/20075. FEI Number
26-1231646Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Service CompanyStreet Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
TallahasseeState
FLZip Code
32301☐ 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

Elizabeth R. Konieczny REGISTERED AGENT MUST SIGN Assistant Vice President

Date Dec. 31, 2009

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
	Victoria R. Brooks, Pres., Sec, Treas, Dir.	800 South Ocean Blvd., Apt. 406	Boca Raton, FL 33432-6363

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 11B, 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:

Victoria R. Brooks

12/30/2009

315-569-5646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/31/09