

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 95000077838**

1. Corporation Name

TIME CHECK, INC.

Principal Place of Business

Mailing Address

21800 SW 104th Ct.

21800 SW 104th Ct.

**#102
Miami, Fla. 33150**

**#102
Miami, Fla. 33150**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

2840-P Sterling Road

2840-P Sterling Road

Suite, Apt. #, etc. **Bay # 2840-P**

Suite, Apt. #, etc. **Bay 2840-P**

City & State **Hollywood, Florida**

City & State **Hollywood, Florida**

Zip **33020** Country **USA**

Zip **33020** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida

October 11, 1995

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 910-917

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Alex Khamlich	2840-P Sterling Road	Hollywood, Fla. 33020
Secretary	Wadih Eldajjani	2840-P Sterling Road	Hollywood, Fla. 33020
Director			
Director			
Director			

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03/11/97-FD1117--DD4

*******E-00 *****915.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ALEX KHAMLICH
21800 SW 104th Ct. #1022
Miami, Florida 33150**

Name **WADIH ELDAJJANI**

Street Address (P.O. Box Number is Not Acceptable) **2840-P Sterling Road**

Suite, Apt. #, Etc. **Bay 2840-P**

City **Hollywood**

State **FL**

Zip Code **33020**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **X Wadih Eldajjani**

REGISTERED AGENT MUST SIGN

Date **03-28-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: **X Alex Khamlich President March 28, 1997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E040 (12/96)