

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000028089

1. Corporation Name

TIMELINE SYSTEMS, INC.

Principal Place of Business

Mailing Address

7003 N WATERWAY DR.
SUITE 203
MIAMI FL 33155
US

7003 N WATERWAY DR.
SUITE 203
MIAMI FL 33155
US

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

1560 S. DIXIE HWY
Suite, Apt. #, etc.
204

1560 S. DIXIE HWY
Suite, Apt. #, etc.
204

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

Zip
33146

Country
USA

Zip
33146

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1996

5. FEI Number

65-0664091

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RODRIGUEZ, MARIO	7003 N. WATERWAY DR.	MIAMI FL 33155

700023866327
10/17/03--01003--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, MARIO
1029 MARIPOSA AVENUE
CORAL GABLES FL 33146

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date 10/13/03

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 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #

CR2E040 (7/03)

TimeLine Systems

video & broadcast systems integrator sales • service • training

1560 S.Dixie Hwy Coral Gables Fl 33146
Tel. (305) 667-0442 Fax (305) 667-0414

October 13, 2003

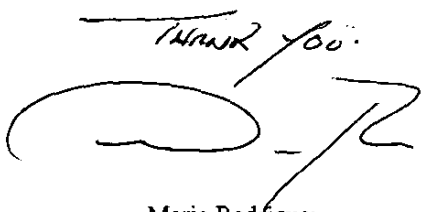
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl 32302-1500

Ref: Reinstatement of Corporation

To whom it may concern:

Could you please Reinstate our Corporation FEI Number 65-06664091 (Document P96000028089)

We did not receive our Division of corporations Uniform Business report filings on time.


Mario Rodriguez
President
TimeLine Systems Inc
1560 S.Dixie Hwy
Suite 204
Coral Gables, Fl 33146