

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000078058

1. Corporation Name  
Timeax, Inc.

2. Principal Office Address - No P.O. Box #  
490 Sawgrass Corp. Pkwy  
Suite, Apt. #, etc.  
310

3. Mailing Office Address  
490 Sawgrass Corp. Pkwy  
Suite, Apt. #, etc.  
310

City & State  
Surprise, FL

City & State  
Surprise, FL

Zip Country  
33325 USA

Zip Country  
33325 USA

**REINSTATEMENT**  
CR2E081 (1/07)  
07 SEP -5 AM 9:07  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04-07

4. Date Incorporated or Qualified To Do Business in Florida 9/19/96

5. FEI Number 15-093711 Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Tamas Szeifer  
Street Address (P.O. Box Number is Not Acceptable)  
490 Sawgrass Corporate Parkway  
Suite, Apt. #, Etc.  
310  
City  
Surprise State FL Zip Code 33325

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 [Signature] Date 8/10/07  
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
PTVS	Tamas Szeifer	490 Sawgrass Corp. Pkwy #310	Surprise, FL 33325

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] Date 09.04.2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #