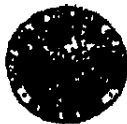


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 27 AM 7:53

DOCUMENT # P96000086897

1. Corporation Name

Time-N-Shades Inc

2. Principal Office Address - No P.O. Box #
8021 Solitaire Ct3. Mailing Office Address
8021 Solitaire Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FLCity & State
Orlando, FLZip
32836Country
USAZip
32836

Country

4. Date incorporated or Qualified
To Do Business in Florida 10/22/19965. FEI Number
89-3405615Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name
Basaria, Nur MStreet Address (P.O. Box Number is Not Acceptable)
8021 Solitaire Ct

Suite, Apt. #, etc.

City
Orlando, FLState
FLZip Code
32836☒ 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 607.0506 or 617.0603, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Basaria, Nur M	8021 Solitaire Ct	Orlando, FL 32836

REINSTATEMENT 07-09 KS

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:

N. BASARIA

SIGNATURE AND TITLE OF EACH OFFICER OR DIRECTOR

05-23-09 407-370-7077

DAY

Daytime Phone #