

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
J. Nelson Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000090237

1. Corporation Name

GET ORGANIZED TIME MANAGEMENT SPECIALISTS, INC.

Principal Place of Business

Mailing Address

17262 N.W. 60TH COURT  
MIAMI FL 33015

17262 N.W. 60TH COURT  
MIAMI FL 33015

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/01/1996

5. FEI Number

NOT APPLICABLE

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VP	MONROE, MARK	17262 NW 60TH CT	MIAMI FL
			000003038590--0 -11/08/99-01123-005 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLINGHAM, MAGNOLIA  
17262 N.W. 60TH COURT  
MIAMI FL 33015

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.

Signature of  
Registered Agent

*Magnolia Willingham*  
REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-21-99

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:

*Magnolia Willingham*  
REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-99

Date

954-5586269

Daytime Phone #

October 21, 1999

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Reinstatement

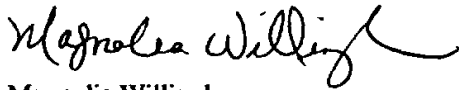
To Whom It May Concern::

I am certain that I sent a payment for the amount of \$150.00 before the May 1999 due date. I checked my checking account and for some reason the check has not been deposited.

Enclosed is a replacement check in the amount of \$150.00 for the check that I sent before the May 1999 deadline.

If you have questions or comments, please contact me at 305-558-6269 or 954-558-6269.

Sincerely,

A handwritten signature in cursive script that reads "Magnolia Willingham". The signature is fluid and stylized, with a long, sweeping underline.

Magnolia Willingham