

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -1 AM 11: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		4. Date Incorporated or Qualified To Do Business in Florida 11/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number NOT APPLICABLE	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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**

Date 10-21-99

REGISTERED AGENT MUST SIGN

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

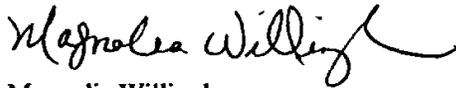
To Whom It May Concern::

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,



Magnolia Willingham