

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JUN -3 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000071642**

1. Corporation Name

FASTIME INC.

2. Principal Office Address

3820 NORTDALE BLVD

3. Mailing Office Address

SAMS

Suite, Apt. #, etc.

205F

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip

33624

Country

HILLSBOROUGH

Zip

Country

700020427897

06/03/03--01086--001 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

8-19-1997

5. FEI Number

59-3463130

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JACK LEHEW

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

3820 NORTDALE BLVD

Suite, Apt. #, Etc.

205F

City

TAMPA

State

FL

Zip Code

33624

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

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)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	HAZEN RAUOE	3820 NORTDALE BLVD	TAMPA FL 33624

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

JACK A LEHEW & CO

NORTHDALÉ EXECUTIVE CENTER I
3820 NORTHDALÉ BOULEVARD
SUITE 205F
TAMPA FLORIDA 33624-1863
PHONE (813)908-0009
FAX (813)908-0909
LEHEWJA@MSN.COM

May 2, 2003

Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

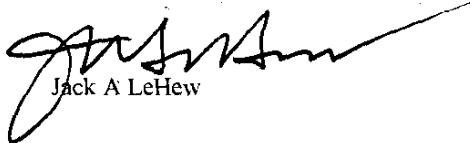
Attn: Reinstatement Section

Mr. Naeen Raoof the owner of Fastime Inc. sold his business in Wildwood Florida and moved to Orlando Florida, not knowing he needed to renew his corporation each year.

Last week he went to a bank to see about buying a new business and still use his old corporation, but was advised it would need to be reinstatement and pay two years fees.

The annual reports were mail to the old address and never forwarded to Mr. Raoof, buy way of this letter we are requesting you abate the late fee and we are enclosing the \$300.00 for two years of annual reports.

Sincerely,



Jack A LeHew