

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000080346

1. Corporation Name

PRIMETIME, INC.

Principal Place of Business

4873 NW 108TH PATH
MIAMI FL 33178

Mailing Address

4873 NW 108TH PATH
MIAMI FL 33178

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

09/17/1997

5. FEI Number

65-0788258

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FABREGA, EVISABEL	4873 NW 108TH PATH	MIAMI FL 33178

700023915177
10/17/03--01089--026 **150.00

8. Name and Address of Current Registered Agent

FABREGA, EVISABEL
4873 NW 108TH PATH
MIAMI FL 33178

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Evissabel Fabrega
REGISTERED AGENT MUST SIGN

Date

10-14-03

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

Evissabel Fabrega
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-14-03

Daytime Phone #

CR2E040 (7/03)

Miami, FL, October 14, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

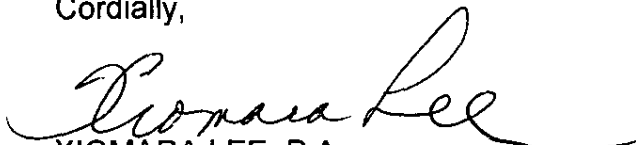
Ref: PRIMETIME, INC., Document No. P97000080346

Dear Sirs,

This is to inform you that PRIMETIME, INC. did not file its 2003 Uniform Business Report because it did not receive the UBR Form for 2003. Therefore, we are sending the payment of \$150.00 along with the Application for Reinstatement, since its the only form which this company has available for filing the Annual Report. Furthermore, we ask you to please reactivate this company and waive the reinstatement fee imposed to this company, since it has been up-to-date with this responsibility for previous years.

Should you have further questions, please contact us at 305-262-2323. Thank you very much for your cooperation. We apologize for any inconvenience this may have caused.

Cordially,


XIOMARA LEE, P.A.