

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 23 PM 3:33

DOCUMENT # P98000067031

1. Corporation Name

TIME TRANSPORT, INC.

REINSTATEMENT

99-01

2. Principal Office Address

8542 NW 72 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33166

Country

U.S.A.

3. Mailing Office Address

8542 NW 72 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33166

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/30/98

5. FEI Number

65-0856661

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

AUSTIN LEE

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

8542 NW 72 Street

Suite, Apt. #, Etc.

City

Miami,

State
FL

Zip Code
33166

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

REGISTERED AGENT MUST SIGN

Date

2-21-01

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
P/D	AUSTIN LEE	8542 NW 72 Street,	Miami, FL 33166
V/D	EUN KYUNG HAN	8542 NW 72 Street,	Miami, FL 33166
			AD

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
AUSTIN LEE, President

Date

2-21-01

Daytime Phone #

305-
499-9597

CR2E081 (9/00)