PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. June | Interest | Interest | FLORIDA DEPARTMENT OF STATE CORPORATION 07 AUG 20 AN 7:35 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS JEGRETARY OF STATE JALLAHASSEE, FLORIDA P98000075329 DOCUMENT# From Time to Time, Inc W07-37186 REINSTATEMENT 05-07 3. Mailing Office Address
100.5 S.W. 2174 2. Principal Office Address - No P.O. Box # 10015 S.W. 22 Ton CR2E081 (1/07) Suite, Apt. #, etc. Suite, Apt. #, etc 4. Date incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number (5.7) 8 Applied For Wiami, TL Miami CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Name and Address of Current Registered Agent Name The reinstatement fee is imposed, except in circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. Zip Code City Miani 3165 8. I, being appointed the registated 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 9. Names and Street Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip Brusklyn, NY 11238 671 Bergen st 70010597754 08/31/07--01005--020 ** 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 filling 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 contained in Chapter 119, 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 OF BRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

28/22