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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 30 PM 1:44

SECONDTIME INC.

Principal Place of Business	Mailing Address
3960 NW 54TH COURT COCONUT CREEK FL 33073	3960 NW 54TH COURT COCONUT CREEK FL 33073



2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/05/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip	Country	Zip	Country
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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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	Donna MARIA Prodx	3960 nw54 Court	Coconut Ck. FL 33073
			300004572783--B 09/06/01--01082--014 ***150.00 ***150.00
			300004572783--B 09/06/01--01082--015 ***150.00 ***150.00
			SP

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
PROULX, DONNA MARIA 3960 NW 54TH COURT COCONUT CREEK FL 33073	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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 8/26/0

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

7/3/01

Daytime Phone #

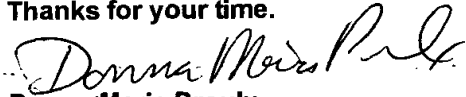
July 31, 2001

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To Whom It May Concern:

I never received a bill for this and did not even realize this was supposed to be taken care of yearly otherwise I would have been looking for a bill. I just started my at home business so I am learning. My accountant brought it to my attention just this past week. I sure hope i have not messed things up and my company still exists. Anyway, I am enclosing a check and I guess you will tell me if it does not or what I have to do. Sorry for sounding so ignorant but I guess I am when it comes to this.

Thanks for your time.



Donna Maria Proulx
President/Owner
SecondTime, Inc.