PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY 21 PM 4:48

DOCUMENT # P99000073001

1. Corporation Name

Primetime of South Florida, Inc.

Principal Place of Business / Mailing Address

650 West Ave #1205
Miami Beach, Fl 33139

REINSTATEMENT 00-01

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
90 Alton Road	
Suite, Apt. #, etc.: 3304	Suite, Apt. #, etc.
City & State: Miami Beach, Fl	City & State
Zip: 33139 County: Dade	Zip County

4. Date Incorporated or Qualified To Do Business in Florida: 8-16-99

5. FEI Number: 65-0941179 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee Required

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Dir	David Goldfarb	90 Alton Road #3304	Miami Beach, Fl 33139

8. Name and Address of Current Registered Agent

David Goldfarb
650 West Ave #1205
Miami Beahc, FL 33139

9. Name and Address of New Registered Agent

Name: David Goldfarb
Street Address (P.O. Box Number is Not Acceptable): 90 Alton Road #3304
Suite, Apt. #, Etc.:
City: Miami Beach State: FL Zip Code: 33139

10. I certify appointed the registered agent of the above named corporation, do hereby with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: David Goldfarb — REGISTERED AGENT MUST SIGN — Date: 05-18-2001

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30 Yes ☐ No ☐ (See other side for information on intangible tax.)

10. I certify that I am an officer or director of the reporter 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: David Goldfarb — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 05-18-2001 Date — Daytime Phone #

AD

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

PRIMETIME OF SOUTH FLORIDA, INC.

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