PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 JUN 26 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S84294

1. Corporation Name

FLEXTIME SERVICES CORPORATION

2. Principal Office Address	**3.** Mailing Office Address
10520 SW 74 Lane Miami, Florida 33173	10520 SW 74 Lane Miami, Florida 33173
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami, Florida	City & State Miami, Florida
Zip 33173 Country USA	Zip 33173 Country USA

REINSTATEMENT 95-01

4. Date Incorporated or Qualified To Do Business in Florida 09/30/91

5. FEI Number 650294315 ☐ 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 400004461034--9
-07/06/01--01014--030
***1650.00 ***1650.00

Name: Leandro Marin-Abaunza

Street Address (P.O. Box Number is Not Acceptable): 10520 SW 74 Lane Miami, Florida 33173

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33173

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: Leandro Marin-Abaunza
REGISTERED AGENT MUST SIGN

Date: June 14, 2001

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
D/P	Estrada, Ena Duque	10865 S.W. 112 Ave. Bldg. 2, Apt. 108	Miami, Florida 33176
D/VP	Estrada, Rodrigo	10865 S.W. 112 Ave. Bldg. 2, Apt. 108	Miami, Florida 33176
D/S	Estrada, Esteban	10865 S.W. 112 Ave. Bldg. 2, Apt. 108	Miami, Florida 33176

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 using 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: Ena Duque Estrada — June 14, 2001

Ena Duque Estrada
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #