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
96 NOV 18 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V63634

1. Corporation Name
TIME OF YOUR LIFE ENTERPRISES, INC.

REINSTATEMENT 95-96

Principal Place of Business	Mailing Address
~~2740 BUSINESS CENTER BLVD.~~ ~~UNIT 5~~ ~~MELBOURNE FL 32940~~	~~2740 BUSINESS CENTER BLVD.~~ ~~UNIT 5~~ ~~MELBOURNE FL 32940~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
159 Pioneer Rd	159 Pioneer Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Merritt Island FL	Merritt Island FL
Zip 32953 Country USA	Zip 32953 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/14/1992

5. FEI Number: 59-3136937 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WILSON, DAWN	1100 JOHN RODES BLVD. #276	MELBOURNE FL 32934
D	CUDWORTH, MICHEAL	1100 JOHN RODES BLVD. #276	MELBOURNE FL 32934
P	WILSON, JEFFREY D.	1100 JOHN RODES BLVD. #276	MELBOURNE FL 32934
T	WILSON, JEFFREY D.	1100 JOHN RODES BLVD.	MELBOURNE FL 32934
V	WILSON, JEFFREY D.	1100 JOHN RODES BLVD. #276	MELBOURNE FL 32934
S	WILSON, JEFFREY D.	1100 JOHN RODES BLVD. #276	MELBOURNE FL 32934

11-19-96

8. Name and Address of Current Registered Agent

WILSON, JEFF
2740 BUSINESS CENTER BLVD.
UNIT 5
MELBOURNE FL 32940

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State FL Zip Code

000002010688--8
-11/21/96--01019--018
*****583.75 *****583.75

CR2E040 (6/95)

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: Jeff Wilson SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 11-13-96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Jeff Wilson SIGNATURE REQUIRED 11-13-96 407-254-5623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (6/95)