

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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07 FEB 22 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000 018725

1. Corporation Name
THE PERSONALIZED TOUCH, INC.

2. Principal Office Address
1039 WEST HIGHWAY 50

3. Mailing Office Address
1516 SUNSET VILLAGE BLVD

Suite, Apt. #, etc.

City & State
CLERMONT, FL

City & State
CLERMONT, FL

Zip **34711** Country **USA**

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000089582330
02/27/07--01017--029 **150.00

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida **02/19/2002**

5. FEI Number **02-0570392**

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

Name **PAULETTE THOMPSON**


Street Address (P.O. Box Number is Not Acceptable) **1516 SUNSET VILLAGE BLVD**

Suite, Apt. #, Etc.

City **CLERMONT** State **FL** Zip Code **34711**

800087884758
02/12/07 01003 011 **150.00

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.

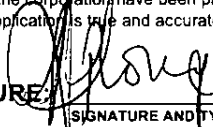
Signature of Registered Agent  Date **12/27/06**

REGISTERED AGENT MUST SIGN

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
PSD	Thompson, Paulette	1516 SUNSET VILLAGE BLVD	CLERMONT, FL 34711
VTD	Thompson, Milton	1516 SUNSET VILLAGE BLVD	CLERMONT, FL 34711

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 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 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  PAULETTE THOMPSON 352-217-0743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1516 Sunset Village Blvd
Clermont, FL 34711

December 18, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document # P02000018725
The Personalized Touch, Inc.

Dear Sir or Madam,

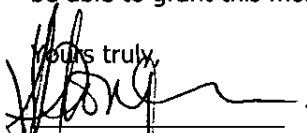
Please be advised that I (Paulette Thompson) was recently appointed Registered Agent of The Personalized Touch, Inc. We recognize the statutory requirement to file the Uniform Business Report (UBR) for 2004 and 2005 as well as the Annual Report for 2006.

In 2004 we changed our address from 18111 NW 9th Court, Miami, Florida 33169 to **1039 West Highway 50, Clermont, FL 34711** and so we did not receive the annual report notices. As a result, we expected that all the necessary documentation would have been prepared and sent to your department by our previous Registered Agent (Oliver J. Langstadt of Rodriquez Langstadt & Aguero, Attorneys at Law, 815 Ponce de Leon Blvd, Coral Gables, FL 33134), who was also our corporate counsel. Considering this unfortunate circumstance, we request that you accept the enclosed **\$450.00** as the total annual filing fee for the years 2004, 2005 and 2006. It would result in great hardship for us to have to pay the required **\$1,500.00**.

This request to accept the **\$450.00** is hereby made, in good faith with what we believe to be a reasonable and valid explanation relating to our non-receipt of correspondences from your department and subsequent indebtedness.

Thank you in advance for your kind cooperation in this matter and we hope that you will be able to grant this most humble request.

Yours truly,



Paulette Thompson
President

Enclosures:

- Statement of Change of Registered Office or Registered Agent or both for Corporation (with **\$35.00** Check)
- Corporation Reinstatement
- Check for **\$450.00**