

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000007753					
1. Entity Name PINK TIE FRIENDS, INC.					
Principal Place of Business 801 SE OSGEOA STREET STUART, FL 34994			Mailing Address 801 SE OSGEOA STREET STUART, FL 34994		
2. Principal Place of Business 221 Hibiscus Ave Suite, Apt. #, etc.		3. Mailing Address P.O. Box 209 Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold;">FILED</div> <div style="font-size: 1.1em;">2006 OCT 10 AM 9:04</div> <div style="font-size: 0.9em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 0.8em; margin-top: 10px;"> 10062006 REIN-NP CR2E099 (11/05) </div>	
City & State Stuart FL		City & State Stuart FL			
Zip 34994		Zip 34995			
Country USA		Country USA			
4. FEI Number 27-0122917				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLISTER, DEBORAH 221 HIBISCUS AVENUE STUART, FL 34996			7. Name and Address of New Registered Agent Name: <u>Reinstatement 06</u> Street Address (P.O. Box Number is Not Acceptable): <u>131016/06</u> City: <u>FL</u> Zip Code: <u>06</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME O'NEILL, NANCY F STREET ADDRESS 1550 NE OCEAN BLVD. CITY-ST-ZIP STUART, FL 34996	<input checked="" type="checkbox"/> Delete		TITLE P. NAME Deidre Peters STREET ADDRESS 1550 NE OCEAN BLVD. CITY-ST-ZIP STUART FL 34996	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HOLLISTER, DEBORAH STREET ADDRESS 221 HIBISCUS AVENUE CITY-ST-ZIP STUART, FL 34996	<input type="checkbox"/> Delete		TITLE V.P. NAME 200080692072 STREET ADDRESS 10/11/06-01004---001 CITY-ST-ZIP **\$1.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WARNER, BARBARA STREET ADDRESS 1441 SANTURCE ROAD CITY-ST-ZIP PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete		TITLE S. NAME Patricia Harrison STREET ADDRESS 34952 CITY-ST-ZIP 34952	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HARWOOD, DEBBIE STREET ADDRESS 1600 SE STREET LUCIE BLVD. CITY-ST-ZIP STUART, FL 34996	<input type="checkbox"/> Delete		TITLE S. NAME Patricia Harrison STREET ADDRESS 34952 CITY-ST-ZIP 34952	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME KING, BETTY STREET ADDRESS 3464 NE INDIAN COURT CITY-ST-ZIP JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete		TITLE S. NAME Patricia Harrison STREET ADDRESS 34952 CITY-ST-ZIP 34952	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SCHAFER, ANNE STREET ADDRESS 3 HIBISCUS DRIVE CITY-ST-ZIP JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete		TITLE S. NAME Patricia Harrison STREET ADDRESS 34952 CITY-ST-ZIP 34952	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Deborah B. Hollister</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>10/9/06</u> <u>772-486-2780</u> Date Daytime Phone #		