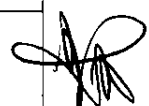
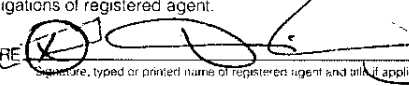
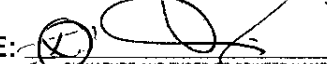


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000111924 1. Entity Name TICKLED PINK, INC.				FILED 06 JAN 18 PM 3:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 13171 W SUNRISE BLVD SUNRISE, FL 33323 US		Mailing Address 13171 W SUNRISE BLVD SUNRISE, FL 33323 US			
2. Principal Place of Business 1598 NW 82 Ave. Suite, Apt. #, etc.		3. Mailing Address 1598 NW 82 Ave. Suite, Apt. #, etc.		 REINSTATEMENT 05-06 WOP	
City & State miami FL Zip 33126		City & State miami FL Zip 33126		4. FEI Number 65-1060223	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIZ, MARIA 1695 OSPREY BEND WESTON, FL 33327			7. Name and Address of New Registered Agent Name Maria Diz Street Address (P.O. Box Number is Not Acceptable) 1501 Victoria Isle way City Weston FL Zip Code 33327		
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 			Maria Diz 1/5/06 (NOTE: Registered Agent signature required when reinstating) DATE		
(FILE NOW!!! FEE IS \$300.00 /			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSTD ☐ Delete NAME DIZ, MARIA STREET ADDRESS 1695 OSPREY BEND CITY-ST-ZIP WESTON, FL 33327			TITLE ☒ Change ☐ Addition NAME Maria Diz STREET ADDRESS 1501 Victoria Isle way CITY-ST-ZIP Weston, FL 33327		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 607, 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: 			Maria Diz 1/5/06 599-0832 (305) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		