2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000111924

1. Entity Name
TICKLED PINK, INC.

FILED
06 JAN 18 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
13171 W SUNRISE BLVD SUNRISE, FL 33323 US	13171 W SUNRISE BLVD SUNRISE, FL 33323 US

REINSTATEMENT 05-06 WOP

2. Principal Place of Business	3. Mailing Address
1598 NW 82 Ave.	1598 NW 82 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33126 Country: U.S.A.	Zip: 33126 Country: U.S.A.

4. FEI Number: 65-1060223 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIZ, MARIA 1695 OSPREY BEND WESTON, FL 33327	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: X _____ MARIA DIZ 1/5/06
Signature, typed or printed name of registered agent and title if applicable (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD DIZ, MARIA 1695 OSPREY BEND WESTON, FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1501 VICTORIA Isle Way Weston, FL 33327
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500065110885 02/03/06--01004--002 **300.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 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: X _____ MARIA DIZ 1/5/06 (305) 599-0832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #