

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P010000032866 1. Corporation Name It's All The Rage, Inc.
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Principal Place of Business	Mailing Address
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2. Principal Place of Business 21 1707 Village Blvd. Suite, Apt. #, etc. #208 22 City & State 23 West Palm Beach Zip 24 33409 County 25 Palm Beach	2a. Mailing Address 26 1707 Village Blvd. Suite, Apt. #, etc. #208 27 City & State 28 West Palm Beach Zip 29 33409 County 30 Palm Beach
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FILED
04 OCT 19 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
W04000038546
3. Date Incorporated or Qualified
3-30-2001 3a. Date of Last Report
2001
4. FEI Number Applied For
☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent John Paxman, Esq. 1601 Forum Place Suite 801 West Palm Beach, FL 33401	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE **[Signature]** **attorney in fact** **10-14-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP President Shannon Quigley 900 East Atlantic Ave. #10 Delray Beach, FL 33483	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 300041905509 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 300041905509 11/12/04--01065--001 **450.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 11 or Block 12, or on attachment with an address.
SIGNATURE **[Signature]** **attorney in fact** **10-14-04** **(561) 694-8107**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Florida Filing & Search Services
1333 North Duval Street
Tallahassee, FL 32303

Re: It's All The Rage, Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. *Please bill us for* Department of State
the appropriate amt.

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2002, 2003, 2004

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: *Karla Sarria*

Name: Karla Sarria

Title: Vice President

Date: 10-14-04