



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000081243 1. Entity Name PERFECT-TIMING.NET CORPORATION						FILED 06 SEP 20 3:48 SEC. TALLAH. FLA	
Principal Place of Business 300 SOUTH POINTE DR. #406 MIAMI BEACH, FL 33139				Mailing Address 300 SOUTH POINTE DR. #406 MIAMI BEACH, FL 33139			
2. Principal Place of Business 169 E FLAGLER ST.		3. Mailing Address 1601 ELM ST.		 REINSTATEMENT 2006 09252006 REIN-P CR2E098 (11/05)			
Suite, Apt. #, etc. #1635		Suite, Apt. #, etc. #3000					
City & State MIAMI, FL		City & State DALLAS, TX					
Zip 33131		Zip 75201					
Country USA		Country USA		4. FEI Number 01-0739157		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00 </div> <div></div> </div>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD NAME DONSKY, JEFF STREET ADDRESS 1601 ELM ST STE 3000 CITY - ST - ZIP DALLAS, TX 75201	<input type="checkbox"/> Delete			TITLE PD NAME DONSKY, CAL STREET ADDRESS 1601 ELM ST, STE 3000 CITY - ST - ZIP DALLAS, TX 75201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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: CAL DONSKY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 9/25/06 Daytime Phone #: 214-999-4565			