


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000051013 1. Entity Name SHOUT OUT, INC.					
Principal Place of Business P.O. BOX 2315 TAMPA, FL 33601			Mailing Address P.O. BOX 2315 TAMPA, FL 33601		
2. Principal Place of Business <u>4701 Rue Bordeaux</u>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <u>Lutz, FL</u>		City & State		4. FEI Number <u>20-1932664</u>	
Zip <u>33558</u>		Country <u>USA</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YANGER, WILLIAM L 1505 N. FLORIDA AVE TAMPA, FL 33601				7. Name and Address of New Registered Agent Name <u>William J. Bubbers</u> Street Address (P.O. Box Number is Not Acceptable) <u>1941 Michigan Ave</u> City <u>Cocoa FL</u> Zip Code <u>32922</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 <u>William J. Bubbers</u> <u>Johns Bubbers & Johns P.A.</u> <u>5/4/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>President</u> <input type="checkbox"/> Delete NAME <u>Antonio Tarver</u> STREET ADDRESS <u>4701 Rue Bordeaux</u> CITY-ST-ZIP <u>Lutz FLORIDA</u>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <u>Antonio Tarver</u> <u>President</u> <u>Shout Out inc.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

06 MAY 10 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04182006 REIN-P CR2E098 (11/05) 05-06

Applied For
Not Applicable

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

Name William J. Bubbers
 Street Address (P.O. Box Number is Not Acceptable)
1941 Michigan Ave
 City Cocoa FL Zip Code 32922

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FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE President ☐ Delete
 NAME Antonio Tarver
 STREET ADDRESS 4701 Rue Bordeaux
 CITY-ST-ZIP Lutz FLORIDA

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
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SIGNATURE: Antonio Tarver President Shout Out inc.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #