

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000075083 1. Entity Name TEAM MAKING IT HAPPEN, INC.					
Principal Place of Business 1662 SW ATROS BLVD PORT ST. LUCIE, FL 34984 US			Mailing Address 97-10 37TH AVE CORONA, NY 11368 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 14-1909071	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JACKSON, MAVIS M 1662 SW ATROS BLVD PORT ST. LUCIE, FL 34984				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>MAVIS M. JACKSON</i> MAVIS M. JACKSON 10/26/06 <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 \$150.00 After January 1, 2007, Fee will be \$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	P.T JACKSON, MAVIS M 97-10 37TH AVE CORONA, NY 11368	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	700081387897 10/31/06--01049--016 **150.00
TITLE NAME STREET ADDRESS CITY ST ZIP	VP.T JACKSON, BRYON L 97-10 37TH AVE CORONA, NY 11368	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>MAVIS M. JACKSON</i> MAVIS M. JACKSON 10/26/06 7188033950 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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REINSTATEMENT