

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000156107	
1. Entity Name A TIMELY TRANSCRIPT INC.	



FILED

05 OCT 10 PM 2:23

SECRET STATE
TALLAHASSEE, FLORIDA



10072005 REIN-P CR2E098 (6/04)

Principal Place of Business 6578 WEST SAMPLE ROAD CORAL SPRINGS, FL 33067	Mailing Address 6578 WEST SAMPLE ROAD CORAL SPRINGS, FL 33067
---	---

2. Principal Place of Business 6578 W. Sample Rd. Suite, Apt. #, etc. # 6578 City & State Coral Springs Zip 33067 Country USA	3. Mailing Address 6578 W. Sample Coral Springs City & State FL Zip 33067 Country USA
---	---

4. FEI Number 51-0527617	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent PESTANO, ANTOLIN 7758 NW 44 STREET SUNRISE, FL 33351
--

7. Name and Address of New Registered Agent Name JoAnn Finkel Street Address (P.O. Box Number is Not Acceptable) 6578 W. Sample Rd. City Coral Springs ↓ FL Zip Code 33067

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>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) <i>[Signature]</i> DATE 10-7-05

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME FINKEL, JOANN	
STREET ADDRESS 6549 SPRING BOTTOM WAY #232	
CITY-ST-ZIP BOCA RATON, FL 33433	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME CHOCRON, SIMON	
STREET ADDRESS 6549 SPRING BOTTOM WAY #232	
CITY-ST-ZIP BOCA RATON, FL 33433	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FINKEL, JOANN	
STREET ADDRESS 6578 W. SAMPLE RD.	
CITY-ST-ZIP CORAL SPRINGS, FL. 33067	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 10-7-05	Daytime Phone # 954-682-1493
--	------------------------	--