1 of 2

REINSTATEMENT

~~2006 FOR PROFIT CORPORATION ANNUAL REPORT~~

04-12-2006 90099039 ***150.00
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P05000061536

1. Entity Name
KARLAS TIME OUT, INC

REINSTATEMENT 06-07

Principal Place of Business	Mailing Address
432 MACY STREET WEST PALM BEACH, FL 33405	432 MACY STREET WEST PALM BEACH, FL 33405

02162006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-2755183 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCROGGINS, KARLA M 432 MACY STEET WEST PALM BEACH, FL 33405	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCROGGINS, KARLA M 432 MACY STREET WEST PALM BEACH, FL 33405 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000109025770 05/22/07--01035--023 **150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Karla M. Scroggins 3/9/06 561832-1660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

April 19, 2007

To whom it may concern,

I recently learned the status of my corporate license. Last year after sending in my renewal fee, I moved, never receiving a form requesting certain information and so my license has been suspended. I was returned to me on April 14th after I had already moved to 358 Maddock St. in West Palm Beach Fl.

I request there be a correction of the reinstatment fee of which I truely was unaware of.

I am enclosing a check for 150.00 towards this years fee and ask the late fee be waved, under the conditions of the Us Postal Service not fowarding my mail. I truly appreciate your help and hope to see my status reinstated

Thank you,

Karla Scroggins

Federal # 20-2755183
Karla Scroggins
358 Maddock St.
W.P.B. Fl 33405
(561) 317-2602
Karlas Time Out Inc.

POS-0000-61536