


# 2006 FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000079790</b>		
1. Entity Name TI TI TI MAGAZINE, INC		

Principal Place of Business 1020 N.E. 12TH STREET FORT LAUDERDALE, FL 33304	Mailing Address 1020 N.E. 12TH STREET FORT LAUDERDALE, FL 33304
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2. Principal Place of Business 1414 NE 5TH TERRACE	3. Mailing Address 1414 NE 5TH TERRACE
Suite, Apt. #, etc. APT # 1	Suite, Apt. #, etc. APT # 1
City & State FT. LAUDERDALE-FL	City & State FT. LAUDERDALE-FL
Zip 33304	Country BROWARD

FILED  
06 DEC -4 AM 10: 54  
TALLAHASSEE, FLORIDA

09192006 REIN-P CR2E098 (11/05) 06

4. FEI Number Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent SALLES, CARLOS 1020 N.E. 12TH STREET FORT LAUDERDALE, FL 33304	
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7. Name and Address of New Registered Agent Name: SALLES, CARLOS Street Address (P.O. Box Number is Not Acceptable) 1414 NE 5TH TERRACE APT # 1 City: FT. LAUDERDALE FL Zip Code: 33304	
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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 \_\_\_\_\_

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALLES, CARLOS 1020 N.E. 12TH STREET FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALLES, CARLOS 1414 NE 5TH TERRACE-APT # 1 FT. LAUDERDALE-FL-33304 <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	600082217016 12/02/06--0100--006 **150.00 <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	600082217016 12/04/06--01010--006 **150.00 <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
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:  11/28/06 (954) 709.5223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #