## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## 2006 OCT 12 AM 9: 04 DOCUMENT # P99000069923 PERFECT TIMING, INC. SECRETALL : SECRETAR DIATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address **3600 PEACE RIVER DRIVE** 3600 PEACE RIVER DRIVE PUNTA GORDA, FL 33983 PUNTA GORDA, FL 33983 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10092006 REIN-P CR2E098 (11/05) City & State Applied For City & State ▲ FELNumber 65-0940071 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES, FL 33134 City 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 NOWIN FEE IS \$150.00 in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2007, Fee will be \$300.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE SINGER, MONROE J NAME NAME STREET ADDRESS 2450 COLOGNE LN. STREET ADDRESS DEEP CREEK, PUNTA GORDA, FL 33983 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME ATTIA, VANESSA B NAME 3600 PEACE RIVER DRIVE STREET ADDRESS STREET ADDRESS PUNTA GORDA, FL 33983 CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete TITLE ☐ Change Addition ATTIA, VIVIAN G NAME NAME STREET ADDRESS 3600 PEACE RIVER DRIVE STREET ADDRESS PUNTA GORDA, FL 33983 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition THE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

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SIGNATURE: MONROE J. SINGER

9-06

FILED