


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K95198 1. Entity Name THE ALLMAN BROTHERS BAND, INC.	
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FILED

05 APR -8 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business % CITRIN COOPERMAN & COMPANY 529 FIFTH AVE. NEW YORK, NY 10017 US	Mailing Address % CITRIN COOPERMAN & COMPANY 529 FIFTH AVE. NEW YORK, NY 10017 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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REINSTATEMENT



2005 REIN-P CRZE098 (6/04) 04-05

City & State	City & State	4. FEI Number 59-2950856	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1204 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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	P <input type="checkbox"/> Delete BETTS, FORREST R C/O HARRISON & ALDERMAN 5125 MANATEE AVE W BRADENTON, FL 34209	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BETTS, FORREST R C/O M. MOSCA, 100 WALLACE AVE SUITE 380 SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete TRUCKS, CLAUDE H JR. C/O KEN GORDON 2400 PGA BLVD SUITE 4 PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900051209298 04/19/05--01050--013 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete ALLMAN, GREGORY L 418 FOSS STREET, C/O FINANCIAL SERV. CO HEALDSBURG, CA 95448	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ALLMAN, GREGORY L C/O LEHMAN & LEHMAN, 343 MILLBURN AVE, SUITE 200 MILLBURN, NJ 07041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete JAIMOE 533 COTTAGE GROVE ROAD BLOOMFIELD, CT 06002	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 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: Gregory L Allman 3/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #