


2006 NOT-FOR-PROFIT CORPORATION

DOCUMENT # N33729	
1. Entity Name FRANZBLAU MEMORIAL HOME, INC.	

FILED

06 NOV -6 PM 2:54



Principal Place of Business %AINSLEE R. FERDIE 717 PONCE DE LEON BLVD #215 CORAL GABLES FL 33134		Mailing Address %AINSLEE R. FERDIE 717 PONCE DE LEON BLVD #215 CORAL GABLES FL 33134 6100d ZABACK	
2. Principal Place of Business		3. Mailing Address 301 SW 135A VENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. C-301	
City & State		City & State PEMBROKE PINES, FL	
Zip	Country	Zip	Country
		33027-1633	FLORIDA

REINSTATEMENT

(4/06)

[Signature]

6. Name and Address of Current Registered Agent FERDIE, AINSLEE R 717 PONCE DE LEON BLVD #215 CORAL GABLES FL 33134		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 *[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 \$61.25 Due By September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ZABACK, EDWARD 301 SW 135TH AVE #C301 PEMBROKE PINES FL 33027-1633 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500080273725 09/28/06--01057--002 **70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST TURK, MAX 13550 SW 6TH CT #A312 PEMBROKE PINES FL 33027-1626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500080273725 11/09/06--01043--024 **175.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV FEILER, BERNARD 13450 SW 3RD STREET #D-18 PEMBROKE PINES FL 33027-1639 <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	DV TYLER, PEARL 901 COLONY POINT CIR. #320 PEMBROKE PINES FL 33026-2911 <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 617, 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: *[Signature]* EDWARD ZABACK, D.P. 9-20-06 954-431-7184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR