


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000001848	
1. Entity Name MOCK LEBLANC BROWN, INC.	

FILED  
05 JUL 12 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 4142 NORRE GADE ST. THOMAS US VIRGIN ISLANDS 00802,	Mailing Address PO BOX 306090 ST. THOMAS US VIRGIN ISLANDS 00803-6090,
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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07082005 REIN-P CR2E098 (6/04)

4. FEI Number 66-0571912	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOCK-LEBLANC, BETH 400 PARK AVENUE SOUTH, SUITE 340 WINTER PARK, FL 32789	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 <i>Susan M Brown</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 7/6/05 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEBLANC, BETH 1643 SHAWNEE TRAIL MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400057346094 07/12/05--01039--001 **750.00 02/27/04 90013 033 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROWN, TERESA M #6 ESTATE PEARL, PO BOX 306090 ST. THOMAS VI 00803, FL 32751 <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	SD LEBLANC, DARYL 1643 SHAWNEE TRAIL MAITLAND, FL 32751 <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	TD BROWN, KEVIN A #6 ESTATE PEARL ST. THOMAS VI 00803, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>07/18</i>
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: <i>Susan M Brown</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 7/6/05 380-774-8478 Date Daytime Phone #