2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F93000004549



NEW YORK, NY 10022 2. PINCIPAL PISCE OF Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Zip Zip Zip Zip Zip Zip Zi		OCT 10 Pil 2: 57		ILL CAPITAL RESOURCES, INC.				1. Entity Name BROOKH
Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country Experiment of Status Desired Name Status Desired Status Desired Agent Status Desired Agent Address of New Registered Agent Status Desired Agent Address (P.O. Box Number is Nox Acceptable) City FL Zip City FL Xip City FL Zip City FL Xip City FL Zip		remstatement_oc			01 MADISON AVENUE 8TH FLOOR	5 1	N AVENUE	501 MADISOI 18TH FLOOR
City & State Country Coun					Mailing Address	3.	2. Principal Place of Business	
Zip Country Zip Country S. Certificate of Status Desired \$8.75 Fee Req Reg See Reg	05)	10062006 REIN-P CR2E098 (11/05)			Suite, Apt. #, etc.	, etc. Suite, Apt. #, etc.		Suite, Apt.
Country Zip Country S. Contricate of Status Desired \$8.75 See Req See Re					City & State		City & State	
Name Street Address (P.O. Box Number is Not Acceptable)	Additional	\$8.75 Add		untry	Zip Cou	Country	Coun	Zip
STREET ADDRESS P. CORP. STREET ADDRESS STREET ADDRESS		Address of New Registered Agent	7. Name and Ad	Name	stered Agent	6. Name and Address of Current Registered Agent		
TALLAHASSEE, FL 32301-2525 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar value obligations of registered agent. SIGNATURE Suprime, typed or orded name of registered agent and fell a spokeable (MOTE, Registered Agent dignature required when relinatality). PILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE RMME BRUDER, RONALD B SIRRELADORSS CITY-S1-2P CITY-S1-2P TITLE VEW YORK, NY 10022 TITLE VEW YORK, NY 10022 TITLE TRUSHINGER, BRADLEY SIRRELADORSS CITY-S1-2P TITLE NAME SIRRELADORSS SIRRELADORSS CITY-S1-2P TITLE TRUSHINGER, BRADLEY SIRRELADORSS CITY-S1-2P TITLE NAME SIRRELADORSS CITY-S1-2P TITLE SIRRELADORSS CITY-S1-2P TITLE SIRRELADORSS CITY-S1-2P	(P.O. Box Number is Not Acceptable)					VICE COMPANY		
The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar is the obligations of registered agent. SIGNATURE Supanare. Upped or printed name of registered agent and total a aboticable. FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 10.				Street Address				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent. SIGNATURE Signature. Typed or protect name of registered agent and lide if applicable (MOTE: Registered Agent signature required when relinstating) PILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 In accordance with s. 607.193(2) corporation did not receive the protective p	Code	FL Zip Code		City				
SIGNATURE Signature. Typed or privided name of registered agent and title if applicable. PILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRE	with, and accept		ered agent, or both,	ered office or regist	purpose of changing its registe			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES 11						red agent.	ions of registered ag	the obligat
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TITLE	(b), F.S., the rior notice.	In accordance with s. 607.193(2)(b), corporation did not receive the prior r	li c					
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that is 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 of of the corporation or the receiver or trustee empowered be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block changed, or on an attachment with an address, with an other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	753 -3723	ct as it made under oath; that I am an officer es; and that my name appears in Block 10 or	e same legal effect a 07, Florida Statutes;	Inature shall have the quired by Chapter 6	and accurate and that my sign of between this report as reconstituted like empowered.	or supplemental report is true a receiver or trustee empowers chment with an address, with a	d on this report or suppression or the rece , or on an attachmen	indicated of the co changed

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