

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F95000006263

1. Entity Name
HINSILBLON, LTD., INC.



FILED

05 NOV - 7 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10072005 REIN-P CR2E098 (6/04)

Principal Place of Business 2520 NE 9TH AVE CAPE CORAL, FL 33909 US	Mailing Address 2520 NE 9TH AVE CAPE CORAL, FL 33909 US
2. Principal Place of Business 12381 S. Cleveland Ave. Suite, Apt. #, etc. Suite # 201 City & State Fort Myers, FL Zip 33907	3. Mailing Address 12381 S. Cleveland Ave. Suite, Apt. #, etc. Suite # 201 City & State Fort Myers, FL Zip 33907
Country USA	Country USA

4. FEI Number 52-1694303	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

BOWMAN & BOWMAN
1705 COLONIAL BLVD #B-1
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 Larry Bowman

10-31-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINDIN, RICHARD J 2401 PENNSYLVANIA AVE., NW #200 WASHINGTON, DC 20037	<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 SILVER, SIDNEY J 1100 NEW YORK AVE., NW #700E WASHINGTON, DC 20005	<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 GREENSPUN, MARK 2401 PENNSYLVANIA AVE., NW #200 WASHINGTON, DC 20037	<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	VP PLANKER, TIMOTHY W 820 NE 24TH LANE CAPE CORAL, FL 33909	<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 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: Mark

SIGNATURE AND-TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-05 (239)418-1133

Date

Daytime Phone #

OK #154.