

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**

05 NOV -7 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10072005 REIN-P CR2E098 (6/04)

<b>DOCUMENT # F95000006263</b> 1. Entity Name HINSILBLON, LTD., INC.					
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 <u>12321 S. Cleveland Ave.</u> Suite, Apt. #, etc. <u>Suite # 201</u> City & State <u>Fort Myers, FL</u> Zip <u>33907</u> Country <u>USA</u>		3. Mailing Address <u>12321 S. Cleveland Ave.</u> Suite, Apt. #, etc. <u>Suite # 201</u> City & State <u>Fort Myers, FL</u> Zip <u>33907</u> Country <u>USA</u>			
4. FEI Number <b>52-1694303</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>BOWMAN &amp; BOWMAN</b> <b>1705 COLONIAL BLVD #B-1</b> <b>FORT MYERS, FL 33907</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>Larry Bowman</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>10-31-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINDIN, RICHARD J 2401 PENNSYLVANIA AVE., NW #200 WASHINGTON, DC 20037		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		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		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		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 officers empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>10-31-05</u> (239) 418-1133 <small>Date Daytime Phone #</small>		

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11/07/05-01064-015 \*\*\*750.00

*[Handwritten signature]*

OK #154