PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
LIMITED LIABILITY COMPANY REINSTATEMENT 2001 (18)2	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS
DOCUMENT # LOOO DOOD 5 33 Q 1. Limited Liability Company's Name		01 DEC 13 PM 3: 52
HDBM, LLC		सं उ
2. Principal Office Madress UAY	3. Mailing Office Address	
Suite, Apt. #, etc.	SAME Suite, Apt. #, etc.	4. State/Country of Formation
		5. Date Organized or Qualified To Do Business in Florida 5/3/00
City & State OLDSMAR FL Zip Country	City & State	6. FEI Number Applied For Not Applicable
34677	ZIP Country	7. CERTIFICATE OF STATUS DESIRED S300 Additional Georgetical toyo Certificate of Status
8. Name and Address of Current Registered Agent Name		
PAVID ABELION Street Address (PO. Box Number is Not Acceptable) 900004734229-1 12/20/01-01044-03 12/20/01-01044-03		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 10/28/01		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Manage	Street Address of Eacl ers Managing Member/Mana	n ger City / State / Zip
MARIM DAVID ABELSON	4944 KilKennes	WAY Oldsman, F/ 34677
Attro-Harvey No lawitz 47 Janioni		RD. Redding, Gt. 06896-2412
ANTIM ROBERT SHEAR	1540 Gulf Blud. #2	003 CHARINTER, F. 33767-2964
AAM Michael Abelson	v 9908 Scotet Broom	COURT POTOMAC, Md. 20854
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if anade under oath.		
Signature of Managing Member/Manager		
Typed or printed name of signing Managing Member/Manager DAVID J. ABELSON		



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 10, 2001

HDBM, L.L.C. 4944 KILKENNEY WAY OLDSMAR, FL 34677

SUBJECT: H D B M, L.L.C.-DOCUMENT NUMBER: L00000005336

Since we have received no response to our 60 day notice dated June 15, 2001, H D B M, L.L.C. was administratively dissolved on September 28, 2001, for failure to file its 2001 annual report/uniform business report as required by law. Enclosed is a Certificate of Dissolution.

To reinstate this limited liability company you must complete the enclosed limited liability company reinstatement application and return it with a check for \$150.00 prior to January 1, 2002. After January 1, 2002, please call (850) 245-6051 for new fees.

Should you have any questions concerning this matter, please contact the Registration Section at (850) 245-6051.

DEAR DIVISION OF CORPORATIONS,

Kindly Note that I Never Received

YOUR PETER OF 6/15/01.

THEREFORE, I CALLED YOU This week &YOUR OPERATOR WAS NICE ENOUGH to ADVISE ME
TO SEND IN THE ORIGINAL \$50, CHECK.

SINCERE/Y, Dans 1. allela