



# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JAN 24 AM 10:24

DOCUMENT # L02000022193					
<b>1. Entity Name</b> HEARTBEAT OF THE CARIBBEAN, LLC					
<b>Principal Place of Business</b> 5397 ORANGE DRIVE, SUITE 205 DAVIE, FL 33314 7320 GRIFFIN RD #211			<b>Mailing Address</b> 5397 ORANGE DRIVE, SUITE 205 DAVIE, FL 33314 7320 GRIFFIN RD #211		
<b>2. Principal Place of Business</b> 7320 GRIFFIN RD		<b>3. Mailing Address</b> 7320 GRIFFIN RD			
Suite, Apt. #, etc. 211		Suite, Apt. #, etc. 211		01202006 REIN-LLC CR2E101 (11/05)	
City & State DAVIE FL		City & State DAVIE FL 33314		<b>4. FEI Number</b> 54-2074126	
Zip 33314		Country USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CHARLTON, WINSOME 5397 ORANGE DRIVE, SUITE 205 DAVIE, FL 33314 7320 GRIFFIN RD #211			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>8. The above named entity submits the 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.</b> SIGNATURE <u>Anthony Blair</u> DATE <u>1.20.06</u> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLAIR, ANTHONY 5397 ORANGE DRIVE DAVIE, FL 33314 7320 GRIFFIN RD #211	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANTHONY BLAIR 7320 GRIFFIN RD #211 DAVIE FL 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHARLTON, WINSOME 5397 ORANGE DRIVE DAVIE, FL 33314 7320 GRIFFIN RD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINSOME CHARLTON 7320 GRIFFIN RD #211 DAVIE FL 33314	<input checked="" 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	900065187413 02/06/06--01004--015 ***105.00	<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	REINSTATEMENT 05-06	<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
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
SIGNATURE <u>Anthony Blair</u>				DATE <u>1.20.06</u> DAYTIME PHONE # <u>954.321.0882</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					