

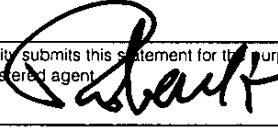
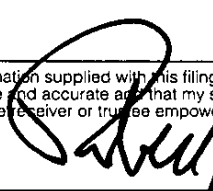


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L03000043724</b> 1. Entity Name <b>ONE BAL HARBOUR GROUP, LLC</b>						SEC. DIVISION 06 FEB -8 AM 9:07 STATE DIVISION	
Principal Place of Business <b>7471 W. OAKLAND PARK BLVD. LAUDERHILL, FL 33319</b>				Mailing Address <b>7471 W. OAKLAND PARK BLVD. LAUDERHILL, FL 33319</b>			
2. Principal Place of Business		3. Mailing Address		 01252006 REIN-LLC CR2E101 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>05-0593524</b>				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>FILINGS, INC.</b> <b>3732 NORTHWEST 16TH STREET</b> <b>FORT LAUDERDALE, FL 33311</b>				Name <b>Robert Distefano</b> Street Address (P.O. Box Number is Not Acceptable) <b>7471 West Oakland Park</b> <b>BLVD #106 Fort</b> City <b>Lauderdale</b> FL Zip Code <b>33319</b>			
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  MGR DATE <b>2/1/06</b> <small>Signature, typed or printed name of registered agent and title 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		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>KENNEDY, WILLIAM H III</b> <b>7471 W. OAKLAND PARK BLVD., #106</b> <b>LAUDERHILL, FL 33319</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Robert Distefano</b> <b>7471 W. OAKLAND PARK</b> <b>#106</b> <b>Fort Lauderdale 33319</b> <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	<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		
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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		
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>REINSTATEMENT 05-06</b>			
SIGNATURE:  <b>Robert Distefano</b> 2/1/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							