


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC 27 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000050298		
1. Entity Name I.W.B.R., LLC		

Principal Place of Business C/O RONNY J. HALPERIN 312 SE 17TH STREET, SECOND FLOOR FT. LAUDERDALE, FL 33316	Mailing Address C/O RONNY J. HALPERIN, PA 312 SE 17TH STREET, SECOND FLOOR FT. LAUDERDALE, FL 33316
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2. Principal Place of Business c/o Michael Zeoli Suite, Apt. #, etc. 100 N.W. 70th Avenue #201 City & State Plantation FL Zip 33317 Country USA	3. Mailing Address c/o Michael Zeoli Suite, Apt. #, etc. 100 N.W. 70th Avenue City & State Plantation FL Zip 33317 Country USA
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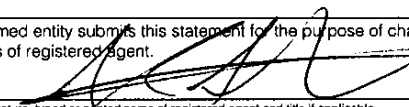


12212004 REIN-LLC CR2E101 (6/04)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RONNY J. HALPERIN, PA 312 SE 17TH STREET SECOND FLOOR FT. LAUDERDALE, FL 33316	7. Name and Address of New Registered Agent Name Murray E Shepard, Esq Street Address (P.O. Box Number is Not Acceptable) 100 NW 70th Avenue First Floor City Plantation FL Zip Code 33317
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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.

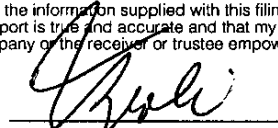
SIGNATURE:  DATE: 12/21/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 checked="" 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 exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:  DATE: 12/21/04 DAYTIME PHONE: 954 327-1003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

REINSTATEMENT 04  
CWS