

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

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



12212004 REIN-LLC CR2E101 (6/04)

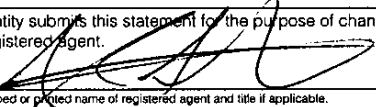
4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired \$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

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)

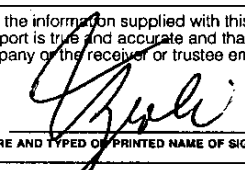
FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$200.00

Make check payable to
Florida Department of State

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

10.1
 TITLE MFAM
 NAME Vivian Zeoli
 STREET ADDRESS 100 NW 70th Avenue, #201
 CITY-ST-ZIP Plantation, FL 33317
 TITLE MFAM
 NAME Lorraine Castagnozzi
 STREET ADDRESS 6225 Aulsebrook Terrace
 CITY-ST-ZIP Plantation FL 33317
 200043651732
 12/27/04--01088--012 **155.00

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