

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L04000020611</b> 1. Entity Name <b>HARBOUR PROFESSIONAL GLADES LLC</b>				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 JAN 19 AM 10:07	
Principal Place of Business 2295 N.W. CORPORATE BLVD, STE 240 BOCA RATON, FL 33431		Mailing Address 2295 N.W. CORPORATE BLVD, STE 240 BOCA RATON, FL 33431			
2. Principal Place of Business <i>215 N. Federal Highway</i> Suite, Apt. #, etc. <i>Suite 1</i> City & State <i>Boca Raton, FL</i> Zip <i>33432</i>		3. Mailing Address <i>215 N. Federal Highway</i> Suite, Apt. #, etc. <i>Suite 1</i> City & State <i>Boca Raton, FL</i> Zip <i>33432</i>		01172006 REIN-LLC CR2E101 (11/05)	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent GRANET, LLOYD ESQ LLOYD GRANET, P.A. 2295 N.W. CORPORATE BLVD, STE 240 BOCA RATON, FL 33431			
7. Name and Address of New Registered Agent Name <i>James Batmasian</i> Street Address (P.O. Box Number is Not Acceptable) <i>215 N. Federal Highway</i> City <i>Boca Raton</i> FL Zip Code <i>33432</i>		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 <i>James H. Batmasian, Manager</i> 1/18/06 <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 \$200.00</b>		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Manager</i> <i>James Batmasian</i> <i>215 N. Federal Highway</i> <i>Boca Raton, FL 33432</i>		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	11/15/05--01078-017- \$150.00 <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	600061451596 11/15/05--01078--017 **\$150.00 <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	600061451596 02/02/06--01020--023 **\$50.00 <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	<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	
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.					
SIGNATURE <i>James H. Batmasian</i> 1/18/06 (561) 392-8920 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					