


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000063992		
1. Entity Name GREENBLOTT & ASSOCIATES, LLC		

FILED

2005 OCT 17 P 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 110 COCONUT KEY LANE DELRAY BEACH, FL 33484	Mailing Address 110 COCONUT KEY LANE DELRAY BEACH, FL 33484
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2. Principal Place of Business 3145 So. Federal Hwy Suite, Apt. #, etc.	3. Mailing Address 3145 So. Federal Hwy Suite, Apt. #, etc.
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10072005 REIN-LLC CR2E101 (6/04)

City & State Delray Beach FL	City & State Delray Beach FL	4. FEI Number 20-1623915	Applied For <input type="checkbox"/> Not Applicable
Zip 33483	Country U.S.A.	Zip 33483	Country U.S.A.

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COLEMAN, ANTHONY G JR 3275 WEST HILLSBORO BOULEVARD SUITE 207 DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name: Brian Greenblott Street Address (P.O. Box Number is Not Acceptable): 2032 Altmeadows Lane # 1103 City: Delray Beach FL Zip Code: 33444	
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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: Brian Greenblott 10-10-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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 type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Co-Owner - Manager Brian Greenblott 2032 Altmeadows Lane # 1103 Delray Beach FL 33444	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Co-Owner Joseph Raffael 110 Coconut Key Lane Delray Beach FL 33484	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Co-Owner Arthur Greenblott 215 Meadowood Dr. So Burlington, Vt. 05403	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	200060688882 10/17/05--01072--014 **\$150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	REINSTATEMENT 05	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	AL	<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: Brian Greenblott 10-10-05 561-272-6999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #