


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
2005 MAY -6 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M00000002176</b> 1. Entity Name <b>OBLADT INVESTMENTS, L.L.C.</b>					
Principal Place of Business <b>14031 WEST HARDY HOUSTON, TX 77060</b>			Mailing Address <b>14031 WEST HARDY HOUSTON, TX 77060 PO Box 27 OCOE, FL 34761</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>76-0576020</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04272005 REIN-LLC CR2E101 (6/04)			
6. Name and Address of Current Registered Agent  <b>RABOUD, RON 2706 REW CIRCLE, SUITE 100 OCOE, FL 34761</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<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 <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GINN, KELLY R 14031 WEST HARDY HOUSTON, TX 77060	<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	MGR RABOUD, RONALD J 2706 REW CIRCLE, SUITE 100 OCOE, FL 34761	<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	MGR COX, LAWRENCE E 2706 REW CIRCLE, SUITE 100 OCOE, FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold;">500055717035</div> <div style="text-align: center;">06/03/05--01048--006 **100.00</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GINN, A.R. 10943 NORTH SAM HOUSTON PKWY, WEST HOUSTON, TX 77064	<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	MGR DICKINSON, WAYNE 14031 WEST HARDY HOUSTON, TX 77060	<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	<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: <b>X</b> _____			Date: <b>5-2-05</b> Daytime Phone #: <b>281-847-8020</b>		