


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000018756 1. Entity Name ELLIN S.P.C., INC.	
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Principal Place of Business C/O RDI MARKETING & DEVELOPMENT, INC. 5 NW 39 STREET SUITE 3 MIAMI, FL 33127	Mailing Address C/O RDI MARKETING & DEVELOPMENT, INC. 5 NW 39 STREET SUITE 3 MIAMI, FL 33127
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2. Principal Place of Business THE BURTON GROUP LLC Suite, Apt. #, etc. PO Box 370666	3. Mailing Address THE BURTON GROUP LLC Suite, Apt. #, etc. PO Box 370666
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City & State MIAMI FL	City & State MIAMI FL 33137	4. FEI Number 65-0989088	Applied For <input type="checkbox"/> Not Applicable
Zip 33137	Country USA	Zip 33137	Country USA

FILED
 04 NOV -9 PM 1:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



10222004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent

GOTTLIEB, STUART M
 222 LAKEVIEW AVENUE SUITE 260
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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: *[Signature]* DATE: 10/28/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ELIA, SARA ELLIN 63 RUE DE PARIS, 78490 MONTFORT L'AMAURY FRANCE.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STEVEN L. Ingerman 175 Riverside Drive, 7-K NY, NY 10024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SHAPIRO, MILTON S 600 THIRD AVENUE NEW YORK, NY 10016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: small;"> 100042606821 11/09/04--01072--002 ***150.00 </div>
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
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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with other like empowered.

SIGNATURE: *[Signature]* Steven L. Ingerman, Director DATE: 10/26/04 (212) 818-8654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #