


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000028869		
1. Entity Name SILICON BEACH GROUP, INC.		

FILED
04 NOV -3 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 18350 NW 2ND AVE STE 600 MIAMI, FL 33169	Mailing Address 1348 WASHINGTON AVE # 301 MIAMI, FL 33139
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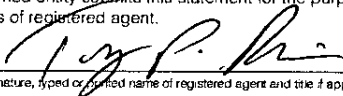
2. Principal Place of Business 1300 NW 167th st. Suite, Apt. #, etc. Suite One City & State Miami Gardens FL Zip 33169 Country USA	3. Mailing Address Suite, Apt. #, etc. City & State City Zip Country
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REINSTATEMENT 04

4. FEI Number 65-1067491		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BERNIER, TROY 1700 SW 1ST AVE APT 403 MIAMI, FL 33129		7. Name and Address of New Registered Agent Name Troy Bernier Street Address (P.O. Box Number is Not Acceptable) 2000 NW 12th Ave Apt 726 City Miami FL Zip Code 33127

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.

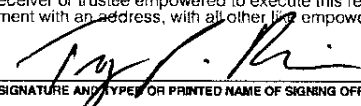
SIGNATURE  DATE Oct 28, 2004

Signature, typed or printed name of registered agent and title if applicable. (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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BERNER, TROY 1700 SW 1ST AVE APT 403 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500042434945 11/03/04--01025--008 **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	<input type="checkbox"/> Change <input 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

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 all other lines empowered.

SIGNATURE:  DATE Oct 28, 2004 DAYTIME PHONE # 7862776028

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR