


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000069957		
1. Entity Name THE LAW OFFICES OF JAMES R. HUBBARD, PA		

FILED

04 OCT 27 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1645 PALM BEACH LAKES BLVD SUITE 380 WEST PALM BEACH, FL 33401	Mailing Address 1645 PALM BEACH LAKES BLVD SUITE 380 WEST PALM BEACH, FL 33401
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2. Principal Place of Business 11300 W.S. Highway One Suite, Apt. #, etc. 303	3. Mailing Address Same Suite, Apt. #, etc.
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REINSTATEMENT




10222004 REIN-P CR2E09816704

City & State N. Palm Beach, FL.	City & State	4. FEI Number 65-1121579	Applied For <input type="checkbox"/> Not Applicable
Zip 33408	Country Palm Beach	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RUFFINI, CHRISTINE G 505 SOUTH FLAGLER DRIVE SUITE 1330 WEST PALM BEACH, FL 33401	7. Name and Address of New Registered Agent Name James R. Hubbard Street Address (P.O. Box Number is Not Acceptable) 13040 Subal Chase City Palm Beach Gardens FL Zip Code 33418
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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:  DATE: 10/23/04

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	D HUBBARD, JAMES R 1645 PALM BEACH LAKES BLVD SUITE 380 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300042235063 10/27/04--01019--010 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13040 Subal Chase <input type="checkbox"/> Delete Palm Beach Gardens, FL 33418	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
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 all other like empowered.

SIGNATURE:  DATE: 10/23/04 DAYTIME PHONE: 561-615-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BS