


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000041002		
1. Entity Name A BRITISH COMPANY, INC.		

FILED
05 APR 20 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6278 N. FEDERAL HIGHWAY #612 FORT LAUDERDALE, FL 33308	Mailing Address 6278 N. FEDERAL HIGHWAY #612 FORT LAUDERDALE, FL 33308
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1112 WESTOP RD Suite, Apt. #, etc. 125
City & State WESTOP FL	City & State WESTOP FL
Zip 33326	Country U.S.A.



REINSTATEMENT 04-05

4. FEI Number		Applied for <input checked="" 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 ZIMMERMAN, STEPHEN L 737 E. ATLANTIC BOULEVARD POMPANO BEACH, FL 33060		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: 4/8/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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 ALMOND, LESLIE 6728 N. FEDERAL HIGHWAY #612 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: LESLIE ALMOND DATE: 4/8/05 DAYTIME PHONE: 954 384 5856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR