

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

*OS-Rei*

**FILED**

05 SEP 28 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09192005 REIN-P CR2E098 (6/04)

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| DOCUMENT # P04000076996  |  |  |  |  |  |
| 1. Entity Name<br>GREENBAUM ENTERPRISES, INC.  |  |  |  |  |  |
| Principal Place of Business<br>10269 CAMELBACK LANE<br>BOCA RATON, FL 33498  |  |  | Mailing Address<br>10269 CAMELBACK LANE<br>BOCA RATON, FL 33498  |  |  |
| 2. Principal Place of Business   |  |  | 3. Mailing Address   |  |  |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.  |  |  |
| City & State   |  |  | City & State   |  |  |
| Zip  | Country  | Zip  | Country  | 4. FEI Number<br><b>20-1131625</b>   |  |
|  |  |  |  | Applied For<br><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  |  |  | 7. Name and Address of New Registered Agent  |  |  |
| GREENBAUM, BRUCE<br>10269 CAMELBACK LANE<br>BOCA RATON, FL 33498   |  |  | Name <b>Brian Lynn</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>Two S. University Drive #215</b><br>City <b>Plantations</b> 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 <i>Brian Lynn</i>  |  |  |  | DATE <b>9-19-05</b>  |  |
| SIGNATURE, typed or printed name of registered agent and title if applicable.  |  | (NOTE: Registered Agent signature required when reinstating) |  | DATE   |  |
| <b>FILE NOW!!! FEE IS \$300.00</b>   |  |  |  | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PVST<br>GREENBAUM, BRUCE<br>10269 CAMELBACK LANE<br>BOCA RATON, FL 33498 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | 10/18/05--01045--001 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>10/18/05--01045--001 <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 reports 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: <i>[Signature]</i>  |  |  |  | DATE <b>9-24-05</b> (561)248-4887  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |  |  | DATE Daytime Phone #   |  |