

2005 FOR PROFIT CORPORATION REINSTATEMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09192005 REIN-P CR2E098 (6/04)

DOCUMENT # P04000076996					
1. Entity Name GREENBAUM ENTERPRISES, INC.					
Principal Place of Business 10269 CAMELBACK LANE BOCA RATON, FL 33498			Mailing Address 10269 CAMELBACK LANE 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 20-1131625	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent GREENBAUM, BRUCE 10269 CAMELBACK LANE BOCA RATON, FL 33498				7. Name and Address of New Registered Agent Name: Brian Lynn Street Address (P.O. Box Number is Not Acceptable): Two S. University Drive #215 City: Plantations 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: <u>Brian Lynn</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 9-19-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$306.00 \$150.00				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	PVST GREENBAUM, BRUCE 10269 CAMELBACK LANE BOCA RATON, FL 33498	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/18/05--01045--001 00000000 10/18/05--01045--001	<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 like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 9-24-05 (561) 248-4887 <small>Daytime Phone #</small>	