


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 NOV -7 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000120256		
1. Entity Name BROWNSTONE ENTERPRISES, INC.		

Principal Place of Business 635 MARDEL COURT #204 NAPLES, FL 34104	Mailing Address 32 BROWNSTONE LANE TORONTO ONTARIO CANADA M8X 2Z6, XX
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2. Principal Place of Business 19510 EMERALD BAY VIEW Suite, Apt. #, etc. UNIT 101	3. Mailing Address 11 BELVALE AVENUE Suite, Apt. #, etc.
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City & State ESTERO, FLORIDA	City & State TORONTO, ONTARIO
Zip 33928	Zip M8X 2A6
Country USA	Country CANADA



10052005 REIN-P CR2E098 (6/04)

4. FEL Number 05-0608136	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 SMITH, WILLIAM R 8191 COLLEGE PARKWAY #204 FORT MYERS, FL 33919	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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 GRAHAM, A. J 32 BROWNSTONE LANE TORONTO, ONTARIO, CANADA, -- M8X 2Z6 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500061182155 11/07/05--01004--006 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAHAM, A J 32 BROWNSTONE LANE TORONTO, ONTARIO, CANADA, -- M8X 2Z6 <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	S,T GRAHAM, A J 32 BROWNSTONE LANE TORONTO, ONTARIO, CANADA, -- M8X 2Z6 <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	DIRECTOR DERBYSHIRE JAMES 191 THE WEST MALL, Suite 200 TORONTO, ONTARIO CANADA M9C8K8 <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: _____
Signature and typed or printed name of signing officer or director
A. J. GRAHAM, DIRECTOR
OCT. 25, 2005 416.434.1746
Date Daytime Phone #