


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000010590		
1. Entity Name OLD ALABAMA SPRINGING MEMBER I, INC.		

Principal Place of Business 1730 E COMMERCIAL BLVD FT LAUDERDALE, FL 33334	Mailing Address 1730 E COMMERCIAL BLVD FT LAUDERDALE, FL 33334
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2. Principal Place of Business - No P.O. Box # 3700 Airport Road	3. Mailing Address 2101 W Commercial Blvd
Suite, Apt. #, etc. Suite 401	Suite, Apt. #, etc. Suite 2800
City & State Boca Raton, FL	City & State Fort Lauderdale, FL
Zip 33431	Country US
Zip 33309	Country US

FILED
2008 APR -7 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01302008	REINSTATEMENT	CR2E098 (1/07)	07-08
4. FEI Number 20-4265027	Applied For <input checked="" type="checkbox"/> Not Applicable		

6. Name and Address of Current Registered Agent ALTINO, VINCENT J ESQ 2101 W COMMERCIAL BLVD SUITE 2800 FT LAUDERDALE, FL 33309	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$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 SHIMM, KENNETH L 1730 E COMMERCIAL BLVD FT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3700 Airport Road, Suite 401 Boca Raton, FL 33431
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 100122545291 04/08/08--01011--028 **300.00
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 exemptions contained in Chapter 119, 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: Kenneth L. Shimm, President 4/1/08 561-391-1751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #