


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000100745		
1. Entity Name PB CONSULTANTS, INC.		

Principal Place of Business 4375 SHERBORNE RD TALLAHASSEE, FL 32303	Mailing Address 4375 SHERBORNE RD TALLAHASSEE, FL 32303
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2. Principal Place of Business - No P.O. Box # 223 Country Club Dr.	3. Mailing Address 223 Country Club Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Havana, FL	City & State Havana, FL
Zip 32333	Country USA

11262007 REIN-P GR2E098(1/07)

REINSTATEMENT

Applied For
Not Applicable

6. Name and Address of Current Registered Agent BRENNAN, JOHN G 4375 SHERBORNE RD TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 223 Country Club Drive City Havana FL Zip Code 32333
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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: *John G Brennan* DATE: 11-30-2007

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRENNAN, LORNA D 4375 SHERBORNE RD TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres, Sec, Treas, Dir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 223 Country Club Drive Havana, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNAN, JOHN G 4375 SHERBORNE RD TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Dir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 223 Country Club Drive Havana, FL 32333
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 500113045605 12/11/07--01042--020 **750.00
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: *Lorna D. Brennan* 11/30/07 (850) 508-0182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
2007 NOV 30 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 30 2007