

2006.FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

06 NOV -9 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000035228 1. Entity Name BOYLESTON PARTNERS, INC.			
Principal Place of Business 13680 NW 5 STREET SUITE 100 SUNRISE, FL 33325		Mailing Address 13680 NW 5 STREET SUITE 100 SUNRISE, FL 33325	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



11032006 REIN-P CR2E098 (11/05)

4. FEI Number **65-0828800** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 350 E. LAS OLAS BOULEVARD 16TH FLOOR FORT LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name <u>CT Corporation System</u> Street Address (P.O. Box Number is Not Acceptable) <u>1200 South Pine Island Road</u> City <u>Plantation</u> FL Zip Code <u>33324</u>
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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.

Jeffrey D. Butterfield
Assistant Secretary

SIGNATURE *Jeffrey D. Butterfield* (NOTE: Registered Agent signature required when reinstating) DATE 11/9/06

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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	DPC <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATKOW, NEIL A	NAME	700081828737
STREET ADDRESS	13680 NW 5TH STREET, SUITE 100	STREET ADDRESS	11/15/06--01052--010 **150.00
CITY-ST-ZIP	SUNRISE, FL 33325	CITY-ST-ZIP	
TITLE	DVST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, KEITH	NAME	
STREET ADDRESS	13680 NW 5TH STREET, SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33325	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	REINSTATEMENT <u><i>06 Dec</i></u>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Keith Collins (Keith Collins)* DATE: 11/06/06 DAYTIME PHONE #: 954-294-4074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR