

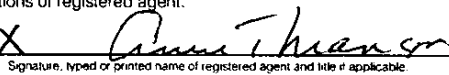



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000060496 1. Entity Name BRIKEND, INC.				FILED 05 DEC 15 PM 5:34 SEC. OF TREASURY	
Principal Place of Business 291 JAMAICA LANE PALM BEACH, FL 33480		Mailing Address POST OFFICE BOX 2704 PALM BEACH, FL 33480		 REINSTATEMENT 2005 11282005 REIN CB2E09816/04	
2. Principal Place of Business 360 S. Ocean Blvd Suite, Apt. #, etc. #5B		3. Mailing Address 360 S. Ocean Blvd Suite, Apt. #, etc. #5B			
City & State PALM BEACH FL		City & State PALM BEACH FL			
Zip 33480		Zip 33480			
4. FEI Number 65-0935055		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 HESS, GREGORY C 406 N DIXIE HWY., #4 LAKE WORTH, FL 33460		7. Name and Address of New Registered Agent Name Anne T. Manson Street Address (P.O. Box Number is Not Acceptable) 360 S. Ocean Blvd #5B City Palm Beach FL Zip Code 33480			
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  DATE 12/5/2005 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MANSON, WILLIAM J 291 JAMAICA LANE PALM BEACH, FL 33480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	360 S Ocean Blvd #5B PALM BEACH FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MANSON, ANNE T 291 JAMAICA LANE PALM BEACH, FL 33480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	360 S Ocean Blvd #5B PALM BEACH FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300062198173 12/15/05--01032--015 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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	<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	<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:  ANNE T MANSON DATE 12/5/05 DAYTIME PHONE # 561-296-0551 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					