

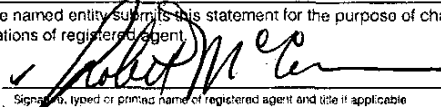
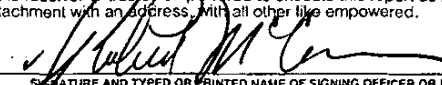


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P98000094266</b> 1. Entity Name <b>CONTINUUM CAPITAL PARTNERS, INC.</b>						<b>FILED</b> <b>04 DEC 29 PM 12: 02</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>12147 ROSEDALE TERR. BOYNTON BEACH, FL 33437</b>				Mailing Address <b>12147 ROSEDALE TERR. BOYNTON BEACH, FL 33437</b>			
2. Principal Place of Business <b>103 S. Swinton Circle</b> <small>Suite, Apt. #, etc.</small>			3. Mailing Address <b>103 S. Swinton Circle</b> <small>Suite, Apt. #, etc.</small>			 <b>REINSTATEMENT 2004</b>	
City & State <b>Delray Beach, FL</b>		City & State <b>Delray Beach, FL</b>		4. FEI Number <b>91-1941592</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33444</b>		Country		Zip <b>33444</b>		Country	
6. Name and Address of Current Registered Agent  <b>MCCANN, ROBERT 12147 ROSEDALE TERR. BOYNTON BEACH, FL 33437</b>				7. Name and Address of New Registered Agent Name <b>Robert McCann</b> Street Address (P.O. Box Number is Not Acceptable) <b>103 S. Swinton Circle</b> City <b>Delray Beach</b> <b>FL</b> Zip Code <b>33444</b>			
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 <b>12/28/2004</b>			
(NOTE: Registered Agent signature required when reinstating)							
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2005, Fee will be \$900.00</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCCANN, ROBERT</b> <b>12147 ROSEDALE TERR.</b> <b>BOYNTON BEACH, FL 33437</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>McCann, Robert</b> <b>103 S. Swinton Circle</b> <b>Delray Beach, FL 33444</b>		
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		
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 file empowered.							
SIGNATURE: 				DATE <b>12/28/2004</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			

# KALEEL & ASSOCIATES

ATTORNEYS AND COUNSELORS AT LAW

555 N. CONGRESS AVENUE  
SUITE 301  
BOYNTON BEACH, FL 33426

TELEPHONE 561-738-1104  
FACSIMILE 561-738-1106

CAROL ANN BERNSTEIN, PARALEGAL

KENNETH M. KALEEL  
CAROL L. CROZIER  
MARK J. HANNA\*

\*Also licensed in Pennsylvania & Ohio

December 28, 2004

## ***VIA UPS OVERNIGHT***

Division of Corporations  
Reinstatement Division  
409 East Gaines St.  
Tallahassee, FL 32399

RE: **CONTINUUM CAPITAL PARTNERS, INC.**  
**Doc. #P98000094266**

Dear Sir/Madam:

Enclosed please find a 2004 for Profit corporation Reinstatement for the above referenced corporation. Please be advised that the corporation did not receive the appropriate notice due to an address change (see the enclosed Reinstatement form). **Therefore, we enclose herewith this firm's check in the amount of \$150.00 representing the cost to reinstate this corporation together with the completed form and request that the additional \$600.00 be waived because Mr. McCann did not receive the notice due to an address change.**

If you have any problems with this request, please contact us immediately.

Sincerely yours,

KALEEL & ASSOCIATES

Kenneth M. Kaleel

KMK/kp  
enclosures

2/2/05