

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL 17 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 429148

1. Corporation Name

RSB INVESTMENTS, INC.

2. Principal Office Address

101 East Kennedy Blvd

Suite, Apt. #, etc.

1250

City & State

TAMPA FL

Zip

33602

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified To Do Business in Florida

1973

5. FEI Number

591465629

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alan C Fisk

Street Address (P.O. Box Number is Not Acceptable)

101 East Kennedy Blvd

Suite, Apt. #, Etc.

1250

City

TAMPA

State
FL

Zip Code

33602

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

7/13/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V.P	Alan C. Fisk	101 EAST KENNEDY BLVD 1250	TAMPA FL 33602
P	John G Bate	101 EAST KENNEDY BLVD 1250	TAMPA FL 33602
S/T	James D Parrish	6700 South Florida Ave	Lakeland FL 33813

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

ALAN C FISK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/02

Date

813-223-1316
Daytime Phone #

REINSTATEMENT

1178

CR2001 (2/01)