



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 515348 1. Entity Name ABOONA, INC.						FILED 05 NOV 29 AM 11:30 SEVEN TALLAHASSEE, FLORIDA					
Principal Place of Business C/O BILLIES BAR & RESTAURANT 407 FRONT STREET KEY WEST, FL 33040				Mailing Address C/O BILLIES BAR & RESTAURANT 209 DUVAL STREET KEY WEST, FL 33040							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 407 Front Street Suite, Apt. #, etc.		 REINSTATEMENT 2005 0325036 (6/04)							
City & State		City & State Key West FL						4. FEI Number 59-1698841		Applied For <input type="checkbox"/> Not Applicable	
Zip 33040		Country USA						5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HALPERN, MICHAEL 209 DUVAL STREET KEY WEST, FL 33040				7. Name and Address of New Registered Agent Name William R. Rupp Street Address (P.O. Box Number is Not Acceptable) 407 Front Street City Key West FL Zip Code 33040							
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 <u><i>William R. Rupp</i></u> DATE <u>11/16/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (Typed name of registered agent required when reinstating)</small>											
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, 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	V DAY, JAMES L. JR. 811 TRUMAN AVENUE KEY WEST, FL 00000,			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUPP, WILLIAM R 407 FRONT ST. KEY WEST, FL 00000,			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300061744673 11/29/05--01016--005 **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 checked="" type="checkbox"/> Addition D Tracey Anne Rupp 407 Front Street Key West, FL 33040						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D John Douglas Rupp 407 Front Street Key West, FL 33040						
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 registered agent 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: <u><i>William R. Rupp</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>11/16/05</u> Daytime Phone # _____							