

# 2005 FOR PROFIT CORPORATION REINSTATEMENT


FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 05

DOCUMENT # 560632			
1. Entity Name RMH OF PINELLAS, INC.			
Principal Place of Business ST. PETERSBURG, FL 33713 US		Mailing Address 4457 38 AVE N ST. PETERSBURG, FL 33713 US	
2. Principal Place of Business 4457-38 AVE. No.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST. PETERSBURG FLA.		City & State	
Zip 33713		Country FLORIDA	
4. FEI Number 59-1807709		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HIGHTOWER, ROBERT M 4457 38 AVE N ST. PETERSBURG, FL 33713		7. Name and Address of New Registered Agent Name Linda D. Lee Street Address (P.O. Box Number is Not Acceptable) 6485 - Hamburg Ter. City Homosassa FL Zip Code 34446	
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>Linda Lee</u> <u>Linda D Lee</u> DATE 12.14.05 <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	PD HIGHTOWER, ROBERT M. 4457 38 AVE N ST. PETERSBURG, FL 33713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300062449223 12/28/05--01058--020 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HIGHTOWER, BONNIE F. 4457 38 AVE N ST. PETERSBURG, FL 33713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300062449223 12/28/05--01058--021 **\$8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HIGHTOWER, RICHARD M 4457 38TH AVE N SAINT PETERSBURG, FL 33713 <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 like empowered.			
SIGNATURE <u>Robert M. Hightower</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>12-14-05</u> Daytime Phone #	