

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 18 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F93000003186</b> 1. Entity Name <b>ROB MAR HOLDING COMPANY, INC.</b>					
Principal Place of Business <b>MOUNTAIN LAKE LAKE WALES, FL 33853</b>			Mailing Address <b>MOUNTAIN LAKE LAKE WALES, FL 33853</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>04-2422649</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For... <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MYERS, C.B. III 130 E. CENTRAL AVE LAKE WALES, FL 33859-1079</b>			7. Name and Address of New Registered Agent Name <b>DAVID C. ULLMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>230 E. TILLMAN AVE.</b> City <b>LAKE WALES</b> <b>FL</b> Zip Code <b>33853</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 <u><i>David C. Ullman</i></u> DATE <b>10/6/06</b> <small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>			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 O'CONNOR, ROBERT E MOUNTAIN LAKE LAKE WALES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'CONNOR, MARCELLA B MOUNTAIN LAKE LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800080958718 10/18/06--01039--009 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robert E. O'Connor, Jr. 232 RIVER ROAD Rhinebeck, NY 12572	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DENNIS O'CONNOR 1500 MAIN ST. Springfield, MA 01115	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$310/24	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$310/24	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$310/24	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$310/24	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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><i>Robert E. O'Connor</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>10/11/06</b> Daytime Phone # <b>863-676-8848</b>		