

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT DOCUMENT #



FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

01 JAN -3 PM 4:40

1. Corporation Name H59854

RBAM, Inc.

Principal Place of Business: 3660 W. King St Cocoa, FL 32926
Mailing Address: 3675 Laurette Rd Merritt Island, FL 32952

REINSTATEMENT 99-01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
3. New Mailing Office Address, if Applicable
Includes fields for State, Apt. #, etc., City & State, and Zip.

4. Date Incorporated or Qualified To Do Business in Florida 6/19/98

5. FEI Number 59-2557578 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED []

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

Table with 4 columns: Title, Name of Officer and/or Director, Street Address of Each Officer and/or Director, City/State/Zip. Includes entries for Bill Daharsh and Rogene Daharsh.

200003533502--3
-01/11/01--01096--013
****900.00 ****900.00
200003533502--3
-01/11/01--01096--014
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Rogene Daharsh
3675 Laurette Rd
Merritt Island, FL
32952

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

10. I hereby appointed the registered agent of the corporation... SIGN Rogene Daharsh Date 12/27/00

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [X] No []

12. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filed the 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 taxes 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)(f), F.S. The information submitted on this application is true and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Rogene Daharsh 12/27/00 321-453-6849
SECRETARIAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #