


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 2:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **H59854**

1. Corporation Name
RBAM, INC.

Principal Place of Business	Mailing Address
3660 W KING ST COCOA FL 32926 US	3660 W KING ST COCOA FL 32926 US

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **06/03/1985**

5. FEI Number **59-2557578**

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DAHARSH, BILL	3675 LAURETTE RD.	MERRITT ISLAND FL 32952
VST	DAHARSH, ROGENE	3675 LAURETTE RD.	MERRITT ISLAND FL 32952

100009347511
 12/04/02 01033 017 **150.00

8. Name and Address of Current Registered Agent

DAHARSH, ROGENE
3675 LAURETTE RD.
MERRITT ISLAND FL 32952


9. Name and Address of New Registered Agent

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

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent  **SIGNATURE REQUIRED**
 REGISTERED AGENT MUST SIGN Date 11/22/02

11. 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:  **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 11/25/02 Daytime Phone # 321-638-4379

CR2E040 (8/02)

NEBRASKA STYLE

BILL DAHARSH
"Grandpa"

GRANDPA'S STEAK HOUSE



ROGENE DAHARSH
"Grandma"

NOVEMBER 28, 2002

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL. 32314-6327

TO WHOM IT MAY CONCERN:

WE HAVE NOT RECEIVED ANY NOTICES UNTIL NOW CONCERNING OUR CORPORATION FEES. THEREFORE, I AM ENCLOSING THE SIGNED REINSTATEMENT FORM UNDER THE CORPORATION NAME OF RBAM, INC. DOCUMENT # H59854 FEI-NUMBER 59-2557578 ALONG WITH A CHECK IN THE AMOUNT OF \$150.00 FOR FILING FEES.

IF THERE IS ANYTHING FURTHER, PLEASE CONTACT ME.

THANK YOU.

SINCERELY,

A handwritten signature in cursive script that reads "Rogene Daharsh".

ROGENE DAHARSH,
REGISTERED AGENT FOR
RBAM, INC.

RD/rd