

\$2850.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 FEB 14 AM 9:05


FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

800088444358

02/15/07--01012--005 **7991.25

REINSTATEMENT 93-07

CR2E081 (1/07)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J41044

1. Corporation Name

R.B.E. Investments, Inc.

2. Principal Office Address - No P.O. Box # 2419 Henderson Avenue		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Myers, FL		City & State	
Zip 33916-2625	Country Lee	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida		11/15/1986
5. FEI Number 65-0042970	Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name Scott Brown			
Street Address (P.O. Box Number is Not Acceptable) 2419 Henderson Avenue			
Suite, Apt. #, Etc.			
City Fort Myers	State FL	Zip Code 33916-2625	

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

Jan 31 07

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, S, T, D	Scott Brown	2419 Henderson Avenue	Fort Myers, FL 33916

2/15

10. 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 contained in Chapter 119, 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] SCOTT BROWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31 07
Date

(239) 334-1859
Daytime Phone #