

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L70676

Entity Name: RAGBAB, INC.

FILED
Oct 05, 2006
Secretary of State

Current Principal Place of Business:

1320 W OAKRIDGE RD
ORLANDO, FL 328093903 US

New Principal Place of Business:

Current Mailing Address:

1320 W OAKRIDGE RD
ORLANDO, FL 328093903 US

New Mailing Address:

FEI Number: 59-3049933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIROUX, ROBERT A.
5525 MELODY LANE
ORLANDO, FL 328392809 US

Name and Address of New Registered Agent:

ANIMAL VETERINARY HOSPITAL OF ORLANDO
1320 WEST OAK RIDGE DRIVE
ORLANDO, FL 328093903 US

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.

SIGNATURE: BRUCE BOGOSLAVSKY DVM

10/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIROUX, ROBERT A
Address: 1320 WEST OAK RIDGE RD
City-St-Zip: ORLANDO, FL 32809 US

Title: D () Delete
Name: BOGOSLAVSKY, BRUCE A, .
Address: 1320 WEST OAK RIDGE ROAD
City-St-Zip: ORLANDO, FL 32809 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: BOGOSLAVSKY, BRUCE A DVM
Address: 1320 WEST OAK RIDGE RD
City-St-Zip: ORLANDO, FL 32809 US

Title: SEC (X) Change () Addition
Name: BOGOSLAVSKY, BRUCE A, .
Address: 1320 WEST OAK RIDGE ROAD
City-St-Zip: ORLANDO, FL 32809 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE BOGOSLAVSKY DVM

SEC

10/05/2006

Electronic Signature of Signing Officer or Director

Date