

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 NOV -1 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000008982

1. Corporation Name

R.B. CONSULTING, INC.

Principal Place of Business

9785 C. BOCA GARDENS PKWY.
BOCA RATON FL 33496

Mailing Address

9785 C. BOCA GARDENS PKWY.
BOCA RATON FL 33496



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/2001

5. FEI Number

65-1073777

Applied For

Not Applicable

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	BOBLEY, ROY	9785 C. BOCA GARDENS PKWY.	BOCA RATON FL 33496

2000000749002
11/01/02--01026--009 **150.00

8. Name and Address of Current Registered Agent

BOBLEY, ROY
9785 C. BOCA GARDENS PKWY.
BOCA RATON FL 33496

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

CR2E040 (8/02)

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 10-27-02

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
Roy Bobley Pres.

10-27-02

Date

Daytime Phone #



RB CONSULTING

SPECIALIZING IN HOME / OFFICE SERVICE

Microsoft Certified
Professional
Systems Engineer

9785C BOCA GARDENS PKWY.
BOCA RATON, FL 33496

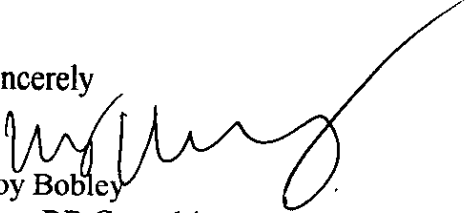
PHONE: 561-901-7459
E-MAIL RBX123@YAHOO.COM

10/27/02

Dear Sir or Madam,

Please be advised that I did not receive the initial form or any subsequent forms to submit my annual Corporate report and fee. I am submitting the enclosed reinstatement form along with this letter as well as a check in the amount of \$150.00 as per the recorded instructions that I received when I called you telephone number for information concerning this matter.

Sincerely


Roy Bobley
Pres. RB Consulting