

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000065331

1. Entity Name
RAB OF GAINESVILLE, INC.



05 AUG 19 11:55

Principal Place of Business
5459 SE 57TH CT.
ALACHUA, FL 32616

Mailing Address
PO BOX 1718
TRENTON, FL

2. Principal Place of Business
14423 NW US Hwy 441 So.
Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 1718
Suite, Apt. #, etc.



08182005 REIN-P 082009 (6/04) 04-05

City & State
Alachua, FL

City & State
Alachua, FL

4. REP Number
59-3730243

Applied For
Not Applicable

Zip
32615

Country
USA

Zip
32616

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, ROBERT E
5459 SE 57TH CT.
TRENTON, FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROWN, ROBERT E
5459 SE 57TH CT.
TRENTON, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROWN, ROBERT A
6519 W. NEWBERRY RD., APT. 408
GAINESVILLE, FL 32605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
Robert E. Brown
5459 SE 57th Ct.
Trenton, FL 32693 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/VP/S/T
Robert A. Brown
9029 NW 18 Place
Gainesville, FL 32606 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

700058852757
08/23/05--01005--002 **300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

Robert E. Brown, President

8-18-05

386-462-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #