


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000008028	
1. Entity Name R B K CONSTRUCTION, INC.	

**FILED**  
05 NOV 14 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 265 SOUTH ORLANDO AVE. COCOA BEACH, FL 32931	Mailing Address 265 SOUTH ORLANDO AVE. COCOA BEACH, FL 32931
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2. Principal Place of Business <i>202 Bimini Rd.</i> Suite, Apt. #, etc.	3. Mailing Address <i>202 Bimini Rd.</i> Suite, Apt. #, etc.
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11102005 REIN-P CR2E098 (6/04)

City & State <i>Cocoa Bch, FL</i>	City & State <i>Cocoa Bch, FL</i>	4. FEI Number 04-3597108	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32931</i>	Country <i>BREVARD</i>	Zip <i>32931</i>	Country <i>BREVARD</i>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  KEISER, ROBERT B <del>265 SOUTH ORLANDO AVE.</del> COCOA BEACH, FL 32931 <i>202 Bimini Rd</i> <i>Cocoa Bch, FL 32931</i>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KEISER, ROBERT <del>265 S. ORLANDO AVE.</del> COCOA BEACH, FL 32931 <i>202 Bimini Rd</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert B. Keiser* 11-10-05  
\_\_\_\_\_  
Date Daytime Phone #