2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jun 28, 2005
Secretary of State

DOCUMENT# P02000054024

Entity Name: ABEL, DOUGLAS, & RHINEHARDT, INC.

Current Principal Place of Business:

9000 SHERIDAN ST STE 100
PEMBROKE PINES, FL 33024

New Principal Place of Business:

9000 SHERIDAN STREET
SUITE 100
PEMBROKE PINES, FL 33024

Current Mailing Address:

9000 SHERIDAN ST STE 100
PEMBROKE PINES, FL 33024

New Mailing Address:

9000 SHERIDAN STREET
SUITE 100
PEMBROKE PINES, FL 33024

FEI Number: 61-1414106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RANDINA, JOHN
9000 SHERIDAN ST STE 100
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

RANDINA, JOHN
9000 SHERIDAN STREET
SUITE 100
PEMBROKE PINES, FL 33024 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: JOHN RANDINA 06/28/2005
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: D ( ) Delete
Name: SIMMONS, ROBERT
Address: 9000 SHERIDAN ST STE 100
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete
Name: HAINES, WILLIAM
Address: 9000 SHERIDAN ST STE 100
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SIMMONS, ROBERT
Address: 9000 SHERIDAN STREET SUITE 100
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D (X) Change ( ) Addition
Name: HAINES, WILLIAM
Address: 9000 SHERIDAN STREET SUITE 100
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT SIMMONS D 06/28/2005
Electronic Signature of Signing Officer or Director Date