

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P02000078493</b> 1. Entity Name <b>R B SPREADMASTERS, INC.</b>						FILED 06 SEP 29 2006 SEC. TALLER	
Principal Place of Business <del>2600 TIMBERCREEK LOOP, EAST</del> <b>LAKELAND, FL 33805</b>				Mailing Address <del>2600 TIMBERCREEK LOOP, EAST</del> <b>LAKELAND, FL 33805</b>			
2. Principal Place of Business <b>10120 Moore Road</b> Suite, Apt. #, etc. <b>Lakeland, FL</b> City & State <b>U.S.A.</b> Zip <b>33809</b>		3. Mailing Address <b>10120 Moore Road</b> Suite, Apt. #, etc. <b>Lakeland, FL</b> City & State <b>U.S.A.</b> Zip <b>33809</b>		 <b>REINSTATEMENT 2006</b> 09202006 CREIN-PL 1 CR2E008 (01/03)			
4. FEI Number <b>74-3055328</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent <b>BRYANT, RONALD A</b> <del>2600 TIMBERCREEK LOOP, EAST</del> <b>LAKELAND, FL 33805</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>10120 Moore Road</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33809</b>				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: <u>Ronald A. Bryant</u> <b>9-26-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE PD NAME BRYANT, RONALD A <input type="checkbox"/> Delete STREET ADDRESS <del>2600 TIMBERCREEK LOOP, EAST</del> CITY-ST-ZIP LAKELAND, FL 33805				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS <b>10120 Moore Road</b> CITY-ST-ZIP			
TITLE S <input checked="" type="checkbox"/> Delete NAME <del>BRYANT, CARLA</del> STREET ADDRESS <del>2600 TIMBERCREEK LOOP, EAST</del> CITY-ST-ZIP LAKELAND, FL 33805				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS <b>10120 Moore Road</b> CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 filers empowered.							
SIGNATURE: <u>Ronald A. Bryant</u> <b>9-26-06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							