

# **2005 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000108832

**FILED**  
**Aug 10, 2005**  
**Secretary of State**

**Entity Name:** ROBBYREAGAN CORPORATION

**Current Principal Place of Business:**

12173 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

12173 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

**New Mailing Address:**

**FEI Number:** 33-1044715

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLACK, ROBERT M JR  
332 SPRING RUN CIRCLE  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

BLACK, ROBERT M JR  
1710 LAKE FRANCIS DR  
APOPKA, FL 32712 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: ROBERT M BLACK JR

08/10/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BLACK, ROBERT M JR  
Address: 332 SPRING RUN CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

Title: VP ( ) Delete  
Name: BLACK, LISA R  
Address: 332 SPRING RUN CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BLACK, ROBERT M JR  
Address: 1710 LAKE FRANCIS DR  
City-St-Zip: APOPKA, FL 32712

Title: VP (X) Change ( ) Addition  
Name: BLACK, LISA R  
Address: 1710 LAKE FRANCIS DR  
City-St-Zip: APOPKA, FL 32712

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 M BLACK JR

P

08/10/2005

Electronic Signature of Signing Officer or Director

Date