

# 2006 FOR PROFIT CORPORATION REINSTATEMENT


APPROVED  
AND  
FILED

06 DEC -4 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P03000024454**

1. Entity Name  
RBD INVESTMENT, INC.



Principal Place of Business  
102 BRIDGE STREET  
ST. AUGUSTINE, FL 32084

Mailing Address  
102 BRIDGE STREET  
ST. AUGUSTINE, FL 32084

2. Principal Place of Business  
Suite Apt. #, etc.

3. Mailing Address  
6 Magnolia Dunes Cir.  
Suite Apt. # etc.

City & State  
St. Augustine, FL

City & State  
St. Johns

Zip  
32080-6583

Country  
St. Johns



11282006 REIN-P CR2E098 (11/05)

4. FEI Number  
61-1446001

Applied For  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

PLEIMAN, THOMAS C JR  
9471 BAYMEADOWS ROAD, SUITE 308  
JACKSONVILLE, FL 32256

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD PATEL, DAXABEN 102 BRIDGE STREET ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	400082263454 12/04/06--01061--001 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>REINSTATEMENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 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 like empowered.

SIGNATURE: Daxaben B. Patel 11-30-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE