

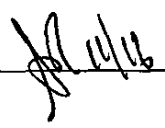



2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000060688 1. Entity Name RIMA & RUSHEE, INC.					
Principal Place of Business NEW ADD Mailing Address RT. 22, BOX 2537 RT. 22, BOX 2537 LAKE CITY, FL 32034 LAKE CITY, FL 32034 115 SW ENCHANTED CT LAKE CITY FL 32024				FILED 04 NOV -9 PM 1:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business 4700 NW 39TH AVE		3. Mailing Address 115 SW ENCHANTED CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11022004 REIN-P CR2E098 (6/04)	
City & State GAINESVILLE FL		City & State LAKE CITY FL		4. FEI Number 04-3761099	
Zip 32607		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SONI, DHIMANT EMERALD FOREST ST. LAKE CITY, FL 32024				7. Name and Address of New Registered Agent Name SONI, DHIMANT Street Address (P.O. Box Number is Not Acceptable) 115 SW ENCHANTED CT City LAKE CITY FL Zip Code 32024	
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, 2005, 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-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	PRESIDENT DHIMANT SONI 115 SW ENCHANTED CT LAKE CITY, FL 32024	
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	SECRETARY CHHAYA PATEL 252 SW STANLEY CT LAKE CITY, FL 32024	
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	600042606386 11/09/04--01069--014 **150.00	
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: 		11/31/04 386754 0300		Date Daytime Phone #	