


2006 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

06 DEC 11 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|--------------------------------------|--|---|
| DOCUMENT # P03000078850 | |  |
| 1. Entity Name RLL CONSULTING INC | | |

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|--|--|
| Principal Place of Business 2812 CARAMBOLA CIR S COCONUT CREEK, FL 33066 | Mailing Address 2812 CARAMBOLA CIR S COCONUT CREEK, FL 33066 |
|--|--|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



| | | |
|---|--|--|
| 4. FEI Number NOT APPLICABLE | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent LEVY, RICHARD 2812 CARAMBOLA CIR S COCONUT CREEK, FL 33066 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

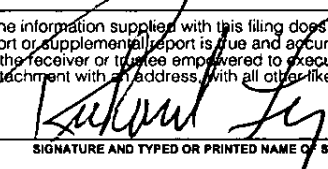
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|--|--|
| FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00 | |
|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEVY, RICHARD 2812 CARAMBOLA CIR S COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 800082468708 12/12/06--01030--010 **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 |
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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.

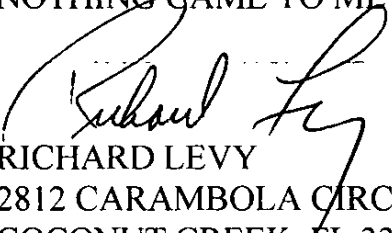
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 12/7/06 Daytime Phone #: 954 972 1169

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TO: DIVISION OF CORPORATIONS

FROM: RICHARD LEVY

I RECEIVED THE ENCLOSED PAPER WORK , AND I AM A LITTLE
CONFUSED. I NEVER RECEIVED ANY CORRESPONDANCE FROM
THE STATE BEFORE THE CARD I SENT BACK. THEN I RECEIVED
THE PAPER WORK ASKING FOR \$750.00 TO REINSTATE. I SENT
BACK AS QUICKLY AS POSSIBLE THE CARD THAT I RECEIVED.
NOTHING CAME TO ME BEFORE THAT.


RICHARD LEVY
2812 CARAMBOLA CIRCLE S.
COCONUT CREEK, FL 33066