

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000082332

Entity Name
RABALAIS INTERESTS-S, INC.



FILED
2007 FEB -1 AM 10:27

SECRET
TALLAHASSEE, FLORIDA



01232007 REIN-P CR2E098 (1/07)

4. FEI Number
56-2381656

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RABALAIS, SCARLETT D
300 NO BIRCH RD
#312
FT. LAUDERDALE, FL 33304

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME RABALAIS, SCARLETT D ☐ Delete
STREET ADDRESS 300 NO BIRCH RD.
CITY-ST-ZIP FT. LAUDERDALE, FL 33304

TITLE VP
NAME RABALAIS, SCARLETT D ☐ Delete
STREET ADDRESS 300 NO BIRCH RD
CITY-ST-ZIP FT. LAUDERDALE, FL 33304

TITLE SEC
NAME RABALAIS, SCARLETT D ☐ Delete
STREET ADDRESS 300 NO BIRCH RD
CITY-ST-ZIP FT. LAUDERDALE, FL 33304

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 400087204804
CITY-ST-ZIP 02/05/07--01003--029 **150.00

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 400087204804
CITY-ST-ZIP 02/05/07--01003--030 **150.00

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/07

Daytime Phone #