


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 27 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000000682		
1. Entity Name B. AND B. CAB'S INC.		

Principal Place of Business 870 SON IN LAW RD BONFAY, FL 32425	Mailing Address 870 SON IN LAW RD BONFAY, FL 32425
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2. Principal Place of Business	3. Mailing Address 3087 NorthRide Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Bonfay FL
Zip	Zip 32425
Country	Country US

6. Name and Address of Current Registered Agent	
BOWEN, ROBERT 870 SON IN LAW RD BONFAY, FL 32425	



10262005 REIN-P CR2E098 (6/04)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN, BRYAN	NAME	800060963928
STREET ADDRESS	960 SON IN LAW RD	STREET ADDRESS	10/27/05--01025--001 **750.00
CITY-ST-ZIP	BONFAY, FL 32425	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN, ROBERT H	NAME	
STREET ADDRESS	870 SON IN LAW RD	STREET ADDRESS	
CITY-ST-ZIP	BONFAY, FL 32425	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINS, JUSTIN A	NAME	
STREET ADDRESS	1979 S WEEKS ST	STREET ADDRESS	
CITY-ST-ZIP	BONFAY, FL 32425	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/05 850-547-5655
Date Daytime Phone #

10/31/05