

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000013916

1. Entity Name
RACK M, INC.



FILED

05 OCT 28 PM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

13527 US 1
SEBASTIAN, FL 32958

Mailing Address

13527 US 1
SEBASTIAN, FL 32958

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2005

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOOLENAAR, WILLIAM W
8115 101ST AVE
VERO BEACH, FL 32967

7. Name and Address of New Registered Agent

Name

Fred G Brink

Street Address (P.O. Box Number is Not Acceptable)

8155 133 PL

City

Seb

FL

Zip Code

32958

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 \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BRINK, FRED G
STREET ADDRESS 8155 133RD PLACE
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE D ☒ Delete
NAME REED, CHARLES M
STREET ADDRESS 12965 79TH AVE
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE D ☒ Delete
NAME MOOLENAAR, WILLIAM W
STREET ADDRESS 8115 101ST AVE
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE D ☐ Delete
NAME MCGRATH, PETER J
STREET ADDRESS P O BOX 345
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME Stephen L. McNabb
STREET ADDRESS 12650 78th Ave
CITY-ST-ZIP Sebastian FL 32958

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Oct 7 05

772 288 1294

Date

Daytime Phone #