2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000082163

1. Entity Name
RAR SERVICES, INC.

FILED
06 JUL 13 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07102006 REIN-P CR2E098 (11/05) 05-06

Principal Place of Business	Mailing Address
7055 NW 65TH TERRACE PARKLAND, FL 33067	7055 NW 65TH TERRACE PARKLAND, FL 33067

2. Principal Place of Business	3. Mailing Address
11132 MANDERLY LANE Suite, Apt. #, etc.	11232 MANDERLY LANE Suite, Apt. #, etc.
City & State: WELLINGTON, FL	City & State: WELLINGTON FL
Zip: 33467 Country: U.S.	Zip: 33467 Country: U.S.

4. FEI Number: 55-0868797 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RECORE, RICHARD A 7055 NW 65TH TERRACE PARKLAND, FL 33067	Name: RICHARD RECORE Street Address (P.O. Box Number is Not Acceptable): 11132 MANDERLY LANE City: WELLINGTON FL Zip Code: 33467

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: X Richard A. Recore 7-10-6
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS RECORE, RICHARD A 7055 NW 65TH TERRACE PARKLAND, FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 11132 MANDERLY LANE WELLINGTON, FL 33467
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800077727448 07/19/06--01045--018 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	7/7/18	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: X Richard A. Recore 7-10-6
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #