


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**

06 JUN 16 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05-06

DOCUMENT # P04000132632		
1. Entity Name REBEL LAND SERVICE, INC.		

Principal Place of Business 4620 1ST STREET GRANT, FL 32949 US	Mailing Address 4620 1ST STREET GRANT, FL 32949 US
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2. Principal Place of Business - only 4620 1st street	3. Mailing Address PO Box 570
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City & State Grant, FL	City & State Grant, FL
Zip 32949	Zip 32949
Country USA	Country USA

04262006 REIN-P CR2E098 (11/05)

4. FEI Number 11-3727281	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent	
Name Tina H. Freeman	NO mail del
Street Address (P.O. Box Number is Not Acceptable) 4620 1st street	
City Grant	
FL	Zip Code 32949

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 Tina H. Freeman DATE 6-12-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, WAYNE 4620 1ST STREET GRANT, FL 32949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800076641808 06/27/06--01037--017 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, TINA 4620 1ST STREET GRANT, FL 32949 <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
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
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

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: Tina H. Freeman Owner 6-12-06 (321) 409-8534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #