

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		
DOCUMENT # P05000011178				
1. Corporation Name <b>Rare Consulting &amp; Contracting, Incorporated</b>				
2. Principal Office Address - No P.O. Box # <b>661 N.W. 75 Terrace</b>		3. Mailing Office Address <b>661 N.W. 75 Terrace</b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State <b>Plantation, Florida</b>		City & State <b>Plantation, Florida</b>		
Zip <b>33317</b>	Country <b>US</b>	Zip <b>33317</b>	Country <b>US</b>	
7. Name and Address of Current Registered Agent				
Name <b>Form-A-Corp</b>				
Street Address (P.O. Box Number is Not Acceptable) <b>4400 PGA Blvd</b>				
Suite, Apt. # Etc <b>Suite 900</b>				
City <b>Palm Beach Gardens</b>		State <b>FL</b>	Zip Code <b>33410</b>	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.				
Signature of Registered Agent		By: <i>Kevin Rubel</i> (Kevin Rubel-Manager)		
		Date <b>11/15/2007</b>		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Titles		Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,P	Jeffrey Gilbert	661 N.W. 75 Terrace	Plantation, FL 33317	
D,VP	Kevin Gelin	661 N.W. 75 Terrace	Plantation, FL 33317	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.				
SIGNATURE: <i>Kevin Gelin</i>		Kevin Gelin (Vice President) 11/15/2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		
		Daytime Phone #		

FILED

2007 NOV 20 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100112599251  
11/27/07-01021-00144\*300.00  
CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**26-1415845**

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.