

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000086901

Entity Name: RAB CONSULTING INC.

FILED
Dec 23, 2009
Secretary of State

Current Principal Place of Business:

9419 GRANITE RIDGE LANE
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

9419 GRANITE RIDGE LANE
WEST PALM BEACH, FL 33442 US

New Mailing Address:

FEI Number: 26-0119393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREED, ROBERT
9419 GRANITE RIDGE LANE
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ROBERT BREED

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BREED, ROBERT
Address: 9419 GRANITE RIDGE LANE
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: VP () Delete
Name: BREED, KARINE
Address: 9419 GRANITE RIDGE LANE
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: SEC () Delete
Name: BREED, ROBERT
Address: 9419 GRANITE RIDGE LANE
City-St-Zip: WEST PALM BEACH, FL 33411 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT BREED

Electronic Signature of Signing Officer or Director

DIR

12/23/2009

Date