

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 JAN 20 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01172006 REIN-P CR2E098 (11/05)

<b>DOCUMENT # P93000052689</b> 1. Entity Name RSB CONSULTANTS, INC.					
Principal Place of Business 2237 VALENCIA LAKES CIR NAPLES, FL 34120 US			Mailing Address 3000 ORANGE GROVE TR NAPLES, FL 34120		
2. Principal Place of Business <b>13700 PONDVIEW CIR</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>NAPLES FL</b>		City & State		4. FEI Number <b>65-0390347</b>	
Zip <b>34119</b>		Country <b>USA</b>		Zip Country	
6. Name and Address of Current Registered Agent  <b>BOLLT, ROBERTO</b> <b>2237 VALENCIA LAKES CIR</b> <b>NAPLES, FL 34120</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>13700 PONDVIEW CIR</b> City <b>NAPLES FL</b>	
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 <b>ROBERTO BOLLT</b> <b>11806</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$900.00</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOLLT, ROBERTO</b> <b>2237 VALENCIA LAKES CIR</b> <b>NAPLES, FL 34120</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOLLT, ROBERTO</b> <b>13700 PONDVIEW CIR</b> <b>NAPLES FL 34119</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOLLT, LAURIE J</b> <b>2237 VALENCIA LAKES CIR</b> <b>NAPLES, FL 34120</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOLLT, LAURIE J</b> <b>13700 PONDVIEW CIR</b> <b>NAPLES FL 34119</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>BOLLT, ROBERT</b> <b>2237 VALENCIA LAKES CIR</b> <b>NAPLES, FL 34120</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>BOLLT, ROBERTO</b> <b>13700 PONDVIEW CIR</b> <b>NAPLES FL 34119</b> <input checked="" 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	
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<b>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.</b>					
SIGNATURE: <b>ROBERTO BOLLT</b> <b>11806 239 353 689</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**REINSTATEMENT.**

**1/23**