

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000042377 1. Entity Name R & R ENTERPRISES OF OKEECHOBEE, INC.			FILED 06 FEB -7 PM 1:39 SECRET TALLAHASSEE, FLORIDA
Principal Place of Business 16140 NW 9TH STREET OKEECHOBEE, FL 34972		Mailing Address 16140 96TH STREET OKEECHOBEE, FL 34972	
2. Principal Place of Business 16140 NW 96TH ST Suite, Apt. #, etc.	3. Mailing Address 16140 NW 96TH ST Suite, Apt. #, etc.		
City & State OKEECHOBEE, FL Zip 34972	City & State OKEECHOBEE, FL Zip 34972	4. FEI Number 65-0494613	Applied For <input 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 HENDRY, JOSEPH R II 606 W. SUGARLAND HIGHWAY CLEWISTON, FL 33440	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		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: <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>1/31/06</u>	
FILE NOW!!! FEE IS \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME WALDRON, CURTIS R STREET ADDRESS 16140 NW 96TH ST. CITY-ST-ZIP OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100067013111 03/03/06--01022--022 **900.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u><i>Curtis R Waldron</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1-19-06</u>	Daytime Phone #: <u>863-763-8024</u>