2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000079243

Entity Name: RARA SERVICES, INC.

FILED Aug 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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9724 BRASSIE CIRCLE P.O.BOX 180848

EDEN PRAIRIE, MN 55347 US TALLAHASSEE, FL 32318 US

Current Mailing Address: New Mailing Address:

9724 BRASSIE CIRCLE P.O.BOX 180848

EDEN PRAIRIE, MN 55347 US TALLAHASSEE, FL 32318 US

FEI Number: 74-6406994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROOKS, BETTY H
4567 NE 6TH STREET
OCALA, FL 344701553 US
BROOKS, BETTY H
2750 WESTBURY CIRCLE
TALLAHASSEE, FL 32303 US

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: BETTY H. BROOKS 08/11/2005

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 BROOKS, DAVID MAYSON
 Name:
 BROOKS, RALPH W

 Address:
 9724 BRASSIE CIRCLE
 Address:
 P.O.BOX 180848

 City-St-Zip:
 EDEN PRAIRIE, MN 55347
 City-St-Zip:
 TALLAHASSEE, FL 32318

Name: Name: BROOKS, DAVID M

Address: Address: 4801 PEREGRINE POINT CIRCLE WEST

City-St-Zip: City-St-Zip: SARASOTA, FL 34231

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 COGGINS, CAROLYN B

 Address:
 Address:
 P.O.BOX 180848

 City-St-Zip:
 City-St-Zip:
 TALLAHASSEE, FL 32318

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAROLYN BROOKS COGGINS D 08/11/2005