
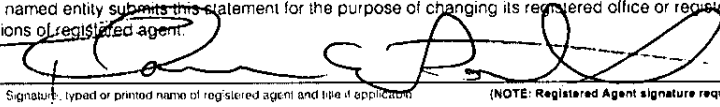
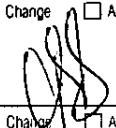
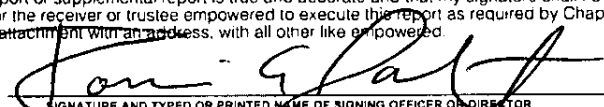


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 NOV -4 AM 8: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F07000005669 1. Entity Name DABIT, INC.					
Principal Place of Business 1509 MONTGOMERY HWY DOTHAN, AL 36303		Mailing Address 1509 MONTGOMERY HWY DOTHAN, AL 36303			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address 1214 K/L Capital Circle S.E. Suite, Apt. #, etc. City & State TALLHASSEE FL Zip 32301			
Country U.S.		4. FEI Number 72-1344497		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 DABIT, MIKE 1214-K & L CAPITAL CIR SE TALLHASSEE, FL 32301			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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		(NOTE: Registered Agent signature required when reinstating)		DATE 10/30/08	
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	P <input type="checkbox"/> Delete DABIT, MIKE 1509 MONTGOMERY HWY DOTHAN, AL 36303	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800137602959 11/04/08--01018--011 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	V <input type="checkbox"/> Delete DABIT, ELIZABETH 1509 MONTGOMERY HWY DOTHAN, AL 36303	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DABIT, RUMMIE		
TITLE NAME STREET ADDRESS CITY ST ZIP	S <input type="checkbox"/> Delete ROMMIE DABIT, RONNIE 1509 MONTGOMERY HWY DOTHAN, AL 36303	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2008		
TITLE NAME STREET ADDRESS CITY ST ZIP	T <input type="checkbox"/> Delete DABIT, MIKE 1509 MONTGOMERY HWY DOTHAN, AL 36303	TITLE NAME STREET ADDRESS CITY ST ZIP	<input 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		
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		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 10/30/08		DAYTIME PHONE #: 398-4358	