


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000065331 1. Entity Name RAB OF GAINESVILLE, INC.	
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05 AUG 19 11:55

Principal Place of Business 5459 SE 57TH CT. ALACHUA, FL 32616	Mailing Address PO BOX 1718 TRENTON, FL
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2. Principal Place of Business 14423 NW US Hwy 441 So. Suite, Apt. #, etc.	3. Mailing Address P. O. Box 1718 Suite, Apt. #, etc.
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City & State Alachua, FL Zip 32615 Country USA	City & State Alachua, FL Zip 32616 Country USA
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08182005 REIN-P OF2E000 (6/04) **04-05**

4. FEP Number 59-3730243	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROWN, ROBERT E 5459 SE 57TH CT. TRENTON, FL	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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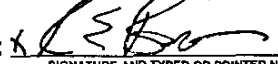
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BROWN, ROBERT E 5459 SE 57TH CT. TRENTON, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert E. Brown 5459 SE 57th Ct. Trenton, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BROWN, ROBERT A 6519 W. NEWBERRY RD., APT. 408 GAINESVILLE, FL 32605	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert A. Brown 9029 NW 18 Place Gainesville, FL 32606
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 700058852757 08/23/05--01005--002 **300.00
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
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 exemption stated in Section 119.07(3)(f), 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:  Robert E. Brown, President **8-18-05** 386-462-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #