


## 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000065330</b> 1. Entity Name <b>RNJ PROPERTY MANAGEMENT AND DEVELOPMENT, INC.</b>	
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FILED  
07 MAY 11 AM 8:33

STATE  
FLORIDA



Principal Place of Business <b>7970 MIRAMAR PKWY MIRAMAR, FL 33023</b>	Mailing Address <b>7970 MIRAMAR PKWY MIRAMAR, FL 33023</b>
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2. Principal Place of Business - No P.O. Box # <b>6000 S.W. 17th COURT</b>	3. Mailing Address <b>6000 S.W. 17th COURT</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PLANTATION, FLA.</b>	City & State <b>PLANTATION, FLA.</b>	4. FEI Number <b>20-0103674</b>	Applied For Not Applicable
Zip <b>33317</b>	Country <b>US</b>	Zip <b>33317</b>	Country <b>US</b>

**REINSTATEMENT** 06-07

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>JOHNSON, GERALD J DVM 7970 MIRAMAR PARKWAY MIRAMAR, FL 33023</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: *Gerald J Johnson, Treasurer* 5/1/2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$300.00</b>		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	<b>D</b> <input type="checkbox"/> Delete <b>ROBINSON, BILLY PRES</b> <b>5101 SW 21 ST</b> <b>HOLLYWOOD, FL 33023</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900103279079</b> <b>05/25/07--01012--012 **300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>NASAI, KARRIEM V.PRES</b> <b>16842 SW 50 ST</b> <b>MIRAMAR, FL 33027</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>JOHNSON, GERALD TREAS</b> <b>7970 MIRAMAR PKWY</b> <b>MIRAMAR, FL 33023</b>	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 <i>BR 5/22</i>	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: *Gerald J Johnson* 5/1/2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #