

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # **P99000021563**

1. Corporation Name

RJM CORPORATION

00 NOV -9 PM 5: 24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

12820 WATERBURY AVE.
 HUDSON FL 34669-2770

12820 WATERBURY AVE.
 HUDSON FL 34669-2770

REINSTATEMENT

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	03/08/1999
5. FEIN Number	Applied For / Not Applicable
593556814	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
owner	Ronald J. Lettieri	12820 WATERBURY AVE	HUDSON FLA 34669
President	Jose PHINEA Lettieri	12820 WATERBURY AVE	HUDSON FLA 34669

800003493288-1
 -12/11/00--01035--015
 *****750.00 *****750.00

Handwritten initials/signature

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LETTIERI, JOSEPHINE A 12820 WATERBURY AVE. HUDSON FL 34669-2770		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Josephine A. Lettieri Date: Oct 15, 2000

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Josephine A. Lettieri Date: Nov 3, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #: 727-856-4423

CR2E040 (8/00)