\_\_\_\_\_ PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State 04 NOV -9 AM 10:06 REINSTATEMENT DIVISION OF CORPORATIONS SECRE LARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # 580550 1. Corporation Name R.J.B. INDUSTRIES, INC. 3559 N.W. 10TH AVENUE 3559 N.W. 10TH AVENUE 2. Principal Office Address 3. Mailing Office Address 3559 N.W. 10TH AVENUE 3559 N.W. 10TH AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. 4 Date Incorporated or Qualified To Do Business in Florida 7/28/1978 City & State City & State 5. FEI Number Applied For FT. LAUDERDALE, FL FT. LAUDERDALE, FL 59-2015086 Not Applicable Zip Country Zip Country 6. \$8.75 Additional Fee required 33309 33309 USA USA CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Name and Address of Current Registered Agent Name ROBERT J. BARNABY, JR. Street Address (P.O. Box Number is Not Acceptable) 3559 N.W. 10TH AVENUE Suite, Apt. #, Etc. FT. LAUDERDALE State Zip Code 33309 FL CH2E081 (01/04 8. I, being appointed the registered age above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of COMM Registered Agent REGISTERED AGENT MU 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Titles City / State / Zip Officers and/or Directors P/D ROBERT J. BARNABY, JR. 3559 N.W. 10TH AVENUE FT. LAUDERDALE, FL 33309 ٠.... 8000426092 11/00/04--01081--011  $\sim c$ \*\*900.00 10. 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. anto La. SIGNATURE: se SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIBECTOR 0,