

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 589181

99 OCT 20 PM 1:03

1. Corporation Name

RO-JAM OF BREVARD COUNTY, INC.

Principal Place of Business

Mailing Address

C/O JAMES MORGAN  
413 LINCOLN AVE.  
CAPE CANAVERAL FL 32920

C/O JAMES MORGAN  
413 LINCOLN AVE.  
CAPE CANAVERAL FL 32920



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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/12/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1909576

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
P	WITEK, ROMAN J.	5801 RIDGEWOOD AVE. UNIT #3	COCOA BEACH FL
ST	MORGAN, JAMES E	413 LINCOLN AVE	CAPE CANAVERAL, FL 00000

500003027315--0  
-10/28/99--01002--013  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

MORGAN, JAMES E.  
413 LINCOLN AVENUE  
CAPE CANAVERAL FL 32920

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*James E. Morgan*  
REGISTERED AGENT MUST SIGN

Date 10-18-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-99

Date

(407) 284-0024

Daytime Phone #

CR2040 (8/99)

State of Fla Dir of Corp  
Reinstatements

10-18-99

To Whom it may, (Reinstatements)  
Please be advised i did not receive  
a renewal form, and am aware that  
it is my responsibility to get a  
duplicate if i do not receive the form  
by feb each year. i am asking for  
a one Time exemption or extension  
enclosed is my check in the amount  
of 150.<sup>00</sup> for each incorporation (Per Kathy)

Region of Brevard County Inc \$1,50.<sup>00</sup>  
Ch# 1012 dated 10-18-99

all-Shore Const. and Supply Co Inc.  
\$150.<sup>00</sup> dated 10-18-99 ch# 0471

Please note the reinstatement notices  
are the only ones i have received.

Thank you for your  
Consideration

James E. Morgan St & Thos  
Po Box

2 Pric of all-Shore Const Co.  
James E. Morgan

original sig - James E. Morgan