

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

03 MAY -1 AM 6:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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06/04/03--01003--011 \*\*1200.00

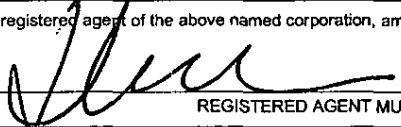
REINSTATEMENT 00-03

<b>CORPORATION REINSTATEMENT</b>		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>F980000006918</b>			
1. Corporation Name RJM Communications, Inc.			
2. Principal Office Address 1218 S. Park Street		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kalamazoo, MI		City & State	
Zip 49001	Country Kalamazoo	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 12/21/98	
5. FEI Number 38-3436612	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Warren Owen	
Street Address (P.O. Box Number is Not Acceptable) 4000 Reflection Court	
Suite, Apt. #, Etc.	
City Naples	State FL
Zip Code 34109	


8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent:  Date: May 3, 2003

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres, S & T, Director	Rickman J. Morrison, Sr.	1218 S. Park Street	Kalamazoo, MI 49001

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.

SIGNATURE:  April 24, 2003 (269) 349-4001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)