PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

سنة المرابع		TI FILED
CORPORATION	FLORIDA DEPARTMENT OF STATI	The same same
REINSTATEMENT	Secretary of State	03 MAY 30 AM 9: 50
A A	DIVISION OF CORPORATIONS	
06-0		— SECRETARY OF STATE
DOCUMENT# L 1266フ		TÁLLÁHÁSSÉE. FLORÍDA
1. Corporation Name		,
R.J. M. Durestigations, Ducorporated		· ·
		1
2. Principal Office Address	3. Mailing Office Address	
15751 SHERIDAN S	TO CHANGE ST.	
Suite, Aptr #, etc.	Suite, Apt#, etc.	
778	17.8	4. Date Incorporated or Qualified To Do Business in Florida OP) 29.1.989
City & State	City & State	5. FEI Number Applied For
ft. Laudendale, R	FT. LAMBERDALE, T.	650)38624 Not Applicable
Zip Country 4	Zip Country U.S.A	6
, , , , ,		of Attendance of Stories
None	7. Name and Address of Current Regi	stered Agent
Name ROBERT J	MORUZZI	000000000000000000000000000000000000000
Street Address (P.O. Box Number is	s Not Acceptable)	<u>\$00020261306</u> 05/30/0301004003 **3 <b>0</b> .00
	IDAN ST.	007.007.00 01007 000
Suite, Apr. #, Esp.		
City		State Zip Code
AT. LAUDERDA		FL 3333)
8. I, being appointed the registered agent of the	above named corporation, am familiar with and accept th	ne abligations of section 607.0505 or 617.0503, F.S.  Date 2)27/03
Signeture of Registered Agent		Ea ( CS (2 m
regisisted Agent 1	REGISTERED AGENT MUST SIGN	
9. Names and Street Addresses of Each Officer	and/or Director (Florida nonprofit corporations must list	et leest 3 directors)
Titles Name of Officers and/or Direct	Street Address of B	Each CALL Stone ( 7in
Onicers and/or Oreca	Olioda anti/ol Din	ET. LAUDENDALE
D ROBERT J. MONI	1221 15751 SHEADAN	
	A	
	the instruction of the state of	as provided for in chapter 507 or 617, F.S. I further certify that when filing
this reinstatement application, the reason for t	dissolution has been eliminated, the corporate name esti	sties the requirements of section 607.0401 or 617.0401, F.S., that all fees
owed by the corporation have been paid and to on this application is true and accurate, and m	the names of individuals listed on this form do not qualify ny signature shall have the same legal effect as if made o	for an exemption under section 119.07(3)(i), F.S. The information indicated inder ceth.
ONIL	AA $A = AA$	<b>alas I</b> .a
SIGNATURE:	MY R.J. MORUZZI	5)27)03 933225390 Date Daytime Phone #
SIGNATORE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

## R. J. M. INVESTIGATIONS, INC.

(LIC. A-8900305)

15751 SHERIDAN STREET, #158 FORT LAUDERDALE, FL 33331

Cell Phone 305-799-8806 Office Phone & Fax 954-322-5590 E-mail - moruzzir@bellsouth.net

May 27, 2003

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

RE: R.J.M. INVESTIGATIONS, INC., DOC # L12667

To Whom It May Concern:

Attached hereto is my application for reinstatement of my corporation and my company check in the amount of \$300.00.

In May 2001, I requested an address change. What I did not realize is that this request did not affect my mailing address on file. Subsequently, I never received my renewal paperwork, and my corporation has become inactive.

Please accept this as my request to waive the \$600.00 fee and reinstate my corporation to active status. I made an honest mistake in that I did not know my request for change of address in May 2001 did not include my mailing address. The current information of my company and myself is on the attached reinstatement form.

Thank you for your assistance in this matter.

Sincerely,

ROBERT J. MORUZZI