

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M16252

1. Corporation Name

R.J.M. SPECIAL PRODUCTS, INC.

Principal Place of Business

25 CHESTNUT HILL ROAD
RIDGEFIELD CT 06877

Mailing Address

25 CHESTNUT HILL ROAD
RIDGEFIELD CT 06877

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/1985

5. FEI Number

59-2544331

Applied For

Not Applicable

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
D	WILLIS, MATTHEW	25 CHESTNUT HILL RD.	RIDGEFIELD CT

100003027031--7
-10/27/99--01098--007
****150.00 ****150.00

10/18/99

8. Name and Address of Current Registered Agent

JOHNSON, MARK D. ESQ.
337 PONCE DE LEON PLACE
ORLANDO FL 32801

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

REGISTERED AGENT MUST SIGN

Date

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

Date

Daytime Phone #

10/18/99 203 438 8370

October 18, 1999

RJM Special Products, Inc.
25 Chestnut Hill Road
Ridgefield
CT 06877

RJM

RJM SPECIAL PRODUCTS, INC.
ROSS & WALLACE PAPER PRODUCTS, INC.

Florida Dept. of State
Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee
FL 32314-6327

To Whom It May Concern:

Please find enclosed check # 9015 in the amount of \$150.00. This is our annual corporate filing fee for 1999. We usually receive a letter in the mail from your department requesting us to send a check for \$150 for the annual corporation filing. We have been doing this for 14 years.

We did not receive any such letter this year. Indeed, we only became aware of this situation on Thursday 10/14/99 when we received your letter in regards to reinstatement.

I would like to request a waiver of the reinstatement fee. I understand that this is a once in a lifetime waiver. I will make sure that this situation does not occur again.

Thank you for your understanding in this matter.

Sincerely,


Matt Willis