


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

OFFICE OF THE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAY 11 PM 2:43

**CORPORATION REINSTATEMENT**  **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *M110252*  
1. Corporation Name  
**R.J.M. Special Products, Inc.**

2. Principal Office Address <b>25 Chestnut Hill RD.</b>		3. Mailing Office Address <b>25 Chestnut Hill RD.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Ridgefield, CT</b>		City & State <b>Ridgefield, CT</b>	
Zip <b>06877</b>	Country <b>Fairfield</b>	Zip <b>06877</b>	Country <b>Fairfield</b>

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida **06/03/1985**

5. FEI Number **592544331** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status:

7. Name and Address of Current Registered Agent

**UCC Filing & Search Services, Inc**  
**1574 Village Square Blvd Ste 100**  
**Tallahassee**

600075101466  
05/23/06--01048--010 \$1350.00

State **FL** Zip Code **32309**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent *Alison Hand* Date **5/11/06**  
**602550** 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
<b>D</b>	<b>Matthew Willis</b>	<b>25 Chestnut Hill RD.</b>	<b>Ridgefield, CT 06877</b>

**REINSTATEMENT** *02-06*

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 contained in Chapter 119, 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: *Matthew Willis* Date **5/11/06** Daytime Phone # **202-438-2370**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Williams MAY 11 2006