

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 50

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000001637

1. Corporation Name

RJN Maintenance Corp.

2. Principal Office Address

7420 W 20 St.

Suite, Apt. #, etc.

443

City &amp; State

Hialeah, Fl.

Zip

33016

Country

USA

3. Mailing Office Address

7420 W 20 St.

Suite, Apt. #, etc.

443

City &amp; State

Hialeah, Fl.

Zip

33016

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

Surama Candidos

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

7420 W 20 St.

Suite, Apt. #, Etc.

443

City

Hialeah

State  
FL

Zip Code

33016

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

\* Scandidos

Date

07/26/04

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
P	Surama Candidos	7420 W 20 St. # 443	Hialeah, Fl. 33016

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)(f), 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:

\* Scandidos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/04

Date

(305) 827-2059

Daytime Phone #

(H04000154015 3)

20f2

Division of Corporations

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Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850)205-0384

From:

Account Name : ARES & COMPANY, C.P.A., P.A.  
Account Number : 120000000268  
Phone : (305)229-8256  
Fax Number : (305)229-8252

**CORPORATION REINSTATEMENT**

**RJN MAINTENANCE CORP.**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$1,350.00

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