

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 APR 19 AM 8:04

DOCUMENT # P00000019194

1. Corporation Name

RJDN INC

900176175579  
04/19/10--01003--013 \*\*600.00

KS

**REINSTATEMENT** 07-10

2. Principal Office Address - No P.O. Box # 3. Mailing Office Address

4405 N. WASHINGTON 4612 35th CT E

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State SARASOTA, FL. City & State BRADENTON FL

Zip 34234 Country SARASOTA Zip 34203 Country MANATEE

4. Date Incorporated or Qualified To Do Business in Florida 3/1/2000

5. FEI Number 65-0987114 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

Name MYONG J St John

Street Address (P.O. Box Number is Not Acceptable) 4612 35th CT E

Suite, Apt. #, Etc.

City BRADENTON State FL Zip Code 34203

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 [Signature]

Date 4/1/10

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,	MYONG J StJohn	4612 35th CT E	BRADENTON, FL, 34203
G.M	DANIEL R StJohn	SAME AS ABOVE	

10. E-mail Address: NONE

(To be used for future annual report notification)

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. I further certify, 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]

Date 6/1/10 9413518681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #