

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

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

REINSTATEMENT 07-10

KS

DOCUMENT # P00000019194

1. Corporation Name

RJDN INC

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

4405 N. WASHINGTON

Suite, Apt. #, etc.

3. Mailing Office Address

4612 35th CT E

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]

REGISTERED AGENT MUST SIGN

Date

4/1/10

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 St John	4612 35th CT E	BRADENTON, FL 34203
G.M	DANIEL R St John	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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/10 9413518681

Daytime Phone #