


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000021676		
1. Entity Name RJM REALTY, INC.		

FILED

07 OCT -9 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6917 VISTA PKWY N STE.#2 WEST PALM BEACH, FL 33411	Mailing Address 6917 VISTA PKWY N STE.#2 WEST PALM BEACH, FL 33411
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2. Principal Place of Business - No P.O. Box # 5511 Royal Palm Beach Blvd Suite, Apt. #, etc.	3. Mailing Address 15340 Meadow Wood Dr Suite, Apt. #, etc.
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City & State West Palm Beach, FL	City & State Wellington, FL
Zip 33411	Zip 33414
Country USA	Country USA



10022007 REINSTATEMENT CR2E098 (1/07)

6. Name and Address of Current Registered Agent FUCHS, LAWRENCE M 590 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411	
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4. FEI Number 65-0997030	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name: Ronald Maggio Street Address (P.O. Box Number is Not Acceptable): 15340 Meadow Wood Dr City: Wellington FL Zip Code: 33414	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Ronald Maggio (NOTE: Registered Agent signature required when reinstating) DATE: 10/6/07

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGGIO, RON 12079 ORANGE BLVD WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ronald Maggio 15340 Meadow Wood Dr Wellington, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald Maggio 10/2/07 561-204-3760