

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 18 AM 11:54

DOCUMENT # P00000073919

1. Corporation Name

RAJCO, INC.

Principal Place of Business

3706 LITTLE COUNTRY ROAD  
PARRISH FL 34219

Mailing Address

3706 LITTLE COUNTRY ROAD  
PARRISH FL 34219



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

01

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/03/2000

5. FEI Number

65-1031699

Applied For

Not A

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee req  
for a Certificate of Stat

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
MR	ROBERT JAKOBIAK	3706 LITTLE COUNTRY RD	PARRISH FL 34219

500004657995--4  
-10/29/01--01093--011  
\*\*\*\*750.00 \*\*\*\*750.00

10/26

8. Name and Address of Current Registered Agent

JAKOBIAK, ROBERT A  
3706 LITTLE COUNTRY ROAD  
PARRISH FL 34219

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-15-01

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01

Date

941-787-4905

Daytime Phone #

CR2040 (8/01)