

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 14 AM 11:17

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 800 0000 76269

1. Corporation Name

R. J. of Miami, Inc.

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

11775 SW 102 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

USA

3. Mailing Office Address

11775 SW 102 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

USA

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/11/2000

5. FEI Number
651036730

☐ 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

Roy J. Bustillo

Street Address (P.O. Box Number is Not Acceptable)
11775 SW 102 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

☒ 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

REGISTERED AGENT MUST SIGN

Date January 25, 2008

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
Owner G.M.	Roy J. Bustillo	11775 SW 102 Street	Miami, FL-33186

REINSTATEMENT

2/14/08
No-08

400116584614
01/31/08--01039--001 **300.00

400116584614
02/20/08--01009--023 **150.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/08

Date

305-519-7358

Daytime Phone #

Per conversation with Mr. Roy Bustillo the titles should be