

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000107727

1. Entity Name
RJM BUILDERS NORTH, INC.



FILED

2007 OCT 10 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6917 VISTA PARKWAY N
STE.#2
WEST PALM BEACH, FL 33411

Mailing Address
6917 VISTA PARKWAY N
STE.#2
WEST PALM BEACH, FL 33411

2. Principal Place of Business - No P.O. Box #
11349 Persimmon Blvd
Suite, Apt. #, etc.

3. Mailing Address
15340 Meadow Wood Dr
Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State
Wellington, FL

Zip
33411

Country
USA

Zip
33414

Country
USA



10022007 REIN-P CR2E098 (1/07)

4. FEI Number
65-1067795

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FUCHS, LAWRENCE M ESQ
590 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH, FL 33411

7. Name and Address of New Registered Agent
Name
Ronald J. 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 J. Maggio* (NOTE: Registered Agent signature required when reinstating) DATE 10/2/07

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.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGGIO, RONALD J PRES		NAME		
STREET ADDRESS	15340 MEADOW WOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33414		CITY-ST-ZIP	400110608844 10/10/07--01055--019 **158.75	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGGIO, SUSAN B VP		NAME		
STREET ADDRESS	15340 MEADOW WOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 J. Maggio* DATE 10/2/07 DAYTIME PHONE # 561-204-3760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR