
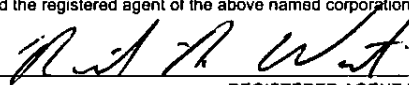
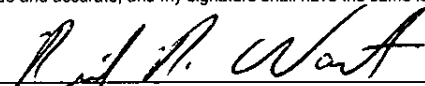


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 09 FEB 27 PM 5: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P00000109652			
1. Corporation Name Club Rj's Incorporated			
2. Principal Office Address - No P.O. Box # 720 9Th Ave West Suite, Apt. #, etc.		3. Mailing Office Address 9018 Kingsbury Pl Suite, Apt. #, etc.	
City & State Bradenton		City & State Bradenton Fl	
Zip 34205	Country USA	Zip 34212	Country USA
4. Date Incorporated or Qualified To Do Business in Florida Nov. 2000			
5. FEI Number 651058746			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Add for a Cer			
7. Name and Address of Current Registered Agent			
Name Rickie Waiters			
Street Address (P.O. Box Number is Not Acceptable) 9018 Kingsbury Pl			
Suite, Apt. #, Etc.			
City Bradenton		State FL	Zip Code 34212
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 		Date 2/23/09	
REGISTERED AGENT MUST SIGN			
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	Rickie Waiters	9018 Kingsbury Pl	Bradenton Fl
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 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. 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 info on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: 		Date 2/23/09	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phc