

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 13 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000050268

1. Corporation Name

R & J DEVELOPMENT COMPANY OF CENTRAL
FLORIDA

2. Principal Office Address

1808 SE 32 LANE

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

Zip

34471

Country

USA

3. Mailing Office Address

1808 SE 32 LANE

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

Zip

34471

Country

USA

REINSTATEMENT

200024641862
11/13/03--01054--016 **758.75

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

05/21/2001

5. FEI Number

593715683

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

JOHN A. KASPAR

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

1808 SE 32 LANE

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34471

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 November 6, 2003

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
D/VP/S/	JOHN A. KASPAR	1808 SE 32 LANE	OCALA, FLORIDA 34471
D	RONALD G. GAYLORD	3681 SW 52 TERRACE	OCALA, FLORIDA 34471

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 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:

John A. Kaspar, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/03

Date

352/572-6653

Daytime Phone #

CR2E081 (10/02)