

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 DEC 12 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000058982**

1. Corporation Name

R.J.P. CORP

400214885864
12/05/11--01049--007 **1452.50

CR2E081 (11/10)

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

1140 99 STREET

Suite, Apt. #, etc.

21

City & State

BAY HARBOR ISLAND

Zip

FL 33154

Country

DADE

3. Mailing Office Address

1140 99 STREET

Suite, Apt. #, etc.

21

City & State

BAY HARBOR ISLAND, FL

Zip

33154

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

6/13/2001

5. FEI Number

65-1112891

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

PIERRE ESCANES

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

1140 99 STREET #21

Suite, Apt. #, Etc.

21

City

BAY HARBOR ISLAND

State

FL

Zip Code

33154

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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 **12/1/2011**

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
PTD	PIERRE ESCANES	1140 99 STREET # 21	BAY HARBOR ISLAND FL 33154
V	PHILIPPE ESCANES	1140 99 STREET # 21	BAY HARBOR ISLAND FL 33154

10. E-mail Address: **PIERRE SH @ AOL.COM**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PIERRE ESCANES

Date

12/1/2011

Daytime Phone #