

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 12 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000058982

**1. Corporation Name**

R.J.P. Corp.

**2. Principal Office Address**

9745 Bay Harbor Terrace

Suite, Apt. #, etc.

8

City & State

Bay Harbor Island, Florida

Zip

33154

Country

Dade

**3. Mailing Office Address**

9745 Bay Harbor Terrace

Suite, Apt. #, etc.

8

City & State

Bay Harbor Island, Florida

Zip

33154

Country

Dade

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

06/13/2001

**5. FEI Number**

65-1112891

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

100013807141

05/12/03--01070--016 \*\*300.00

**7. Name and Address of Current Registered Agent**

Name

Jaime Griffith

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

9745 Bay Harbor Terrace

Suite, Apt. #, Etc.

8

City

Bay Harbor Island

State

FL

Zip Code

33154

**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 X

Date 5/6/2003

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
PTD	Pierre Escanes	9745 Bay Harbor Terrace, suite 8	Bay Harbor Island, Florida 33154
V	Jaime Griffith	9745 Bay Harbor Terrace, suite 8	Bay Harbor Island, Florida 33154

**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:

*Jaime Griffith* Jaime Griffith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/2003

Date

305-865-8802

Daytime Phone #

CR2E081 (10/02)

R.J.P

DEPARTEMENT OF STATE.  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

DEAR SIR

We never received our corporate annual report. Our mailing address is different from the address on your records, please adjust your records to reflect our new address.

Best regards,



PIERRE ESCANES

9745 bay harbor terrace suite 8 bay harbor islands, fl 33154  
305-865-8802 fax 305-867-8586