

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 28 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P010000 89538

**1. Corporation Name**

RJ manufacture & Supplies, Corp.

200013269722  
02/28/03--01046--007 \*\*300.00

**2. Principal Office Address**

**3. Mailing Office Address**

301 Lafayette Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Springs, FL

City & State

Zip

33166

Country

USA

Zip

Country

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

9/10/01

**5. FEI Number**

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required  
for a Certificate of Status**

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

Name

Juana Alvarez

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

301 Lafayette Dr.

Suite, Apt. #, Etc.

City

Miami Springs

State

FL

Zip Code

33166

**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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/24/02

**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
<u>P</u>	<u>Juana Alvarez</u>	<u>301 Lafayette Dr.</u> <u>Miami Springs, FL</u>	<u>Miami Springs, FL 33166</u>
<u>VP</u>	<u>Reynaldo Alvarez</u>	<u>301 Lafayette Dr.</u>	<u>FL</u>

**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:**

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/24/02 (305) 331-0362

Daytime Phone #

CR2E081 (10/02)

# **RJ MANUFACTURE & SUPPLIES CORP.**

**February 6, 2003**

**Florida Department of State  
Division of Corporations  
409 Gaines Street  
Tallahassee, Florida 32399**

**Re: Document # P01000089538  
RJ Manufacture & Supplies, Corp.**

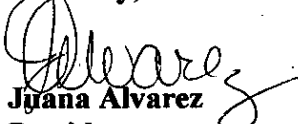
**To Whom It May Concern:**

**I did not receive an annual report on 2002. I would like to keep operating my business.**

**Attached please find the annual report fees for 2002 and 2003.**

**If you have any questions, please do not hesitate to contact me at (305) 336-8798.**

**Sincerely,**

  
**Jyana Alvarez  
President**