

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 21 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P020000018576

1. Corporation Name

RJY, INC
DBA J D JAGS

300023958923
10/21/03--01012--016 **150.00

2. Principal Office Address

4110 GOLDEN GATE PKWY

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

Zip

34116

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

00-0480685

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

DIAN M EDWARDS

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

1852 40TH TERRACE SW

Suite, Apt. #, Etc.

UNIT B

City

NAPLES

State

FL

Zip Code

34116

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 10/14/2003

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
PR	RICHARD J YEVCHAK	4110 GOLDEN GATE PKWY	NAPLES, FL 34116

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/2003 239-455-7686

Date

Daytime Phone #

CR2081 (10/02)

ALPHA ACCOUNTING SERVICES, INC.
1852 B 40TH TERRACE SW
NAPLES, FL. 34116
TEL: 239-455-3047, FAX: 239-455-5133

October 14, 2003

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILING
P O BOX 1500
TALLAHASSEE, FL 32302-1500

Dear Sir/Madam

RE: R J Y, INC DBA J D JAGS, INC- P020000018576.

This letter is to notify you that this Corporation did not receive a renewal notice of the original form in January 2003. Therefore, we have down loaded a copy of the Corporation Reinstatement form from the Internet, on behalf of our client, for submission.

Yours truly,



DIAN EDWARDS
PRESIDENT

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