

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 9:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000047283**

1. Corporation Name

RJN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~10245 WILLOWEMAC CT~~
~~ORLANDO FL 32817~~

~~10245 WILLOWEMAC CT~~
~~ORLANDO FL 32817~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2032 Kaylas Ct.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2032 Kaylas Ct.
Suite, Apt. #, etc.

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/2002

City & State

Orlando, FL

City & State

Orlando, FL

Zip

Country

32817 US

Zip

Country

32817 US

5. FEI Number

01-0685146

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	NORTHCUT, ROMAN J	10245 WILLOWEMAC CT <u>2032 Kaylas Ct.</u>	ORLANDO FL 32817

~~100024169141~~
10/27/03--01075--008 **150.00

8. Name and Address of Current Registered Agent

NORTHCUT, ROMAN J
~~10245 WILLOWEMAC CT~~
ORLANDO FL 32817

9. Name and Address of New Registered Agent

Name

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

2032 Kaylas Ct.
Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/20/03

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., 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/03

Daytime Phone #

321-235-0031

CH2E040 (7/03)


RJN Enterprises, Inc.
2032 Kaylas Ct.
Orlando, FL 32817

321-235-0031

To whom it may concern:

Our corporation did not receive the prior uniform business report (UBR) notices. We moved to a new location and I assume that is the reason they were not received. The address correction is made on the application for reinstatement. Enclosed is the \$150 reporting fee.

Thank you


Roman Northcut CEO