

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000113400

1. Entity Name  
RJM HOMES, INC.



FILED

2007 OCT 10 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6917 VISTA PARKWAY NORTH  
STE.#2  
WEST PALM BEACH, FL 33411

Mailing Address  
6917 VISTA PARKWAY NORTH  
STE.#2  
WEST PALM BEACH, FL 33411

2. Principal Place of Business - No P.O. Box #  
11349 Persimmon Blvd  
Suite, Apt. #, etc.

3. Mailing Address  
15340 Meadow Wood Dr  
Suite, Apt. #, etc.

City & State  
West Palm Beach, FL  
Zip 33411 Country USA

City & State  
Wellington, FL  
Zip 33414 Country USA

10022007 REIN-P CR2E098 (1/07)

4. FEI Number  
81-0576477  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

FUCHS, LAWRENCE M ESQUIRE  
590 ROYAL PALM BEACH BOULEVARD  
ROYAL PALM BEACH, FL 33411

## 7. Name and Address of New Registered Agent

Name Ronald Maggio  
Street Address (P.O. Box Number is Not Acceptable)  
15340 Meadow Wood Dr  
City Wellington FL Zip Code 33414

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/2/07  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MAGGIO, RONALD J PRES	
STREET ADDRESS	15340 MEADOWWOOD DRIVE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MAGGIO, SUSAN B VP	
STREET ADDRESS	15340 MEADOWWOOD DRIVE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

10/2/07 561-204-3760  
Date Daytime Phone #

2/11/2