

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 26 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000123366

1. Corporation Name **RJB of NW Florida, Inc**

2. Principal Office Address
8558 NAVARRE Pkwy

Suite, Apt. #, etc.

City & State
NAVARRE, FL

Zip Country
32566 USA

3. Mailing Office Address
1982 Prado St

Suite, Apt. #, etc.

City & State
NAVARRE, FL

Zip Country
32566 USA

REINS CR2E081 (12/05) **04-06**

4. Date Incorporated or Qualified To Do Business in Florida **October 25, 2003**

5. FEI Number **05-0589629**

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 **Robert J. Benaquis**

Street Address (P.O. Box Number is Not Acceptable)
8216 GULF Blvd Unit H

Suite, Apt. #, Etc.

City
NAVARRE

State Zip Code
FL 32566

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 **Robert J. Benaquis**

Date **June 20, 2006**

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
Pres	Robert J. Benaquis	8216 Gulf Blvd Unit H	NAVARRE, FL 32566
VP	"	"	"
sec	"	"	"
Tres	"	"	"
	W/28		
			800077159668 07/07/06--01052--011 **450.00

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 contained in Chapter 119, 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: **Robert J. Benaquis** ROBERT J. BENAQUIS **6/20/06** **850-393-2320**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Offices of:
RJB of NW Florida, Inc
1982 Prado Street
Navarre, Fl. 32566
850-393-2320

June 20, 2006

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

Re: Corporation Reinstatement

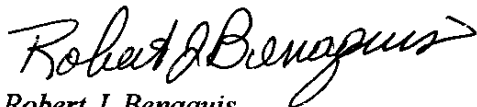
To Whom It May Concern:

I apologize for the inconvenience of not having filed in a timely manner. I never received any forms indicating filing the annual report probably because of the damages we received due to Hurricane Ivan.

As I discussed with one of your representatives, I am asking for your waiver of the fees, please. I am enclosing a money order for \$450 to the Department of State. The breakdown of this is \$150 for the year 2004, \$150 for the year 2005, and \$150 for the year 2006. I will NOT let this happen again.

Thanks so much for your assistance.

Sincerely yours,



Robert J. Benaquis
RJB of NW Florida, Inc.