


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000115336		
1. Entity Name RJP SERVICES OF SOUTH FLORIDA, INC.		

Principal Place of Business PO BOX 565537 MIAMI, FL 33256-5537	Mailing Address PO BOX 565537 MIAMI, FL 33256-5537
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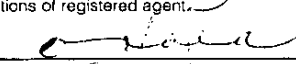
2. Principal Place of Business 19383 SW 103 CT	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Miami FL	City & State
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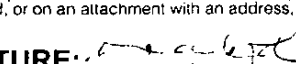
Zip 33157	Country USA	Zip	Country
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6. Name and Address of Current Registered Agent POPE, RONALD J 3415 NE 9TH DRIVE, UNIT 203 HOMESTEAD, FL 33030		7. Name and Address of New Registered Agent Name RONALD J. POPE Street Address (P.O. Box Number is Not Acceptable) 19383 SW 103 CT City Miami FL Zip Code 33157	
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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 	DATE 10/19/06

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P POPE, RONALD J PO BOX 565537 MIAMI, FL 332565537 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 12/07/06 -- 01050 -- 015 \$150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 10/19/06 756-738-1204

FILED  
06 OCT 25 AM 9:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



**DEPARTMENT OF EDUCATION  
VOCATIONAL REHABILITATION SERVICES  
AUTHORIZATION AND BILLING INVOICE**

Return To: VOCATIONAL REHABILITATION  
10700 CARIBBEAN BLVD.#204  
MIAMI, FL 331890000  
(305) 252-4453

INVOICE #: **EJJ9840**  
EXP. OPTION: A9  
GRANT #: A2707

FOR: Mr. RONALD J. POPE  
P. O. BOX 565537  
KENDALL, FL 332565537

ID#: VR0151345 CASE # 07

MEDICAID NO :  
INSURANCE CO :  
POLICY NO :

VENDOR: VF593466865008  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 323140000

OBJECT CODE : 252019  
ORG. CODE : 48800206609  
FUND CODE : 10

SERVICE TO BE PROVIDED :	FEE CODE	AUTHORIZED AMOUNT	BILLED AMOUNT
Pursuant to Rule 60A-1.030(3)(d)viii and 60A-1.032(1)(g)&(h) the following transaction(s) are not subject to the one percent transaction fee.			
0001 OCCUPATIONAL LICENSE, TOOLS, EQUIPMENT, STOCK AND SUPPLIES	G10005	\$150.00	
Item/Hour	1 @	\$150.00	
10/20/2006			
2006 for PROFIT CORPORATION REINSTATEMENT			

STATE TAX EXEMPT # :	TOTAL	\$150.00
47-00-025947-52C		
<i>Aleida M. Espinal</i> 4422	10/20/2006	
ALEIDA MIRANDA-ESPINAL	CO #	DATE
<i>Miriam Mustieles</i>	10/20/06	
SUPERVISOR APPROVAL	DATE	

**VENDOR COPY**

COUNSELOR APPROVAL FOR PAYMENT DATE

ALL SERVICES WERE PROVIDED IN CONFORMANCE WITH SECTION 504 OF REHABILITATION ACT AND WITHOUT REGARD TO THE CLIENT'S RACE, COLOR, DISABILITY OR NATIONAL ORIGIN AS REQUIRED BY TITLE VI OF THE CIVIL RIGHTS ACT. I WILL ACCEPT PAYMENT BY VOCATIONAL REHABILITATION AS PAYMENT IN FULL FOR SERVICES RENDERED.