

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 23 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000047559

1. Corporation Name

R J I ASSOCIATES, INC.

Principal Place of Business

11105 WHISPERING PINES LANE  
BOCA RATON FL 33438

Mailing Address

11105 WHISPERING PINES LANE  
BOCA RATON FL 33438



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/28/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
65-0421347

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ REINSTATEMENT

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	INFANTINO, RICHARD J	11105 WHISPERING PINES LANE	BOCA RATON FL 33428
D	INFANTINO, FRANCES	11105 WHISPERING PINES LANE	BOCA RATON FL 33428
			11/18
			200003087992--6 -01/04/00--01087--006 ***1200.00 ***1200.00
			200003087992--6 01/04/00 01087--007 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

INFANTINO, RICHARD J  
11105 WHISPERING PINES LANE  
BOCA RATON FL 33428

9. Name and Address of New Registered Agent

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

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/20/99

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(ALL FILED)

(See other side for information  
on intangible tax.)

12. 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  
Richard J. Infantino

Date

Daytime Phone #

12/20/99 954-850-1026