

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 23 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 94000083574

1. Corporation Name

R. J. Manufacturing, Inc.

2. Principal Office Address

4611 S.W. 44th AVE

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL.

Zip

33314

Country

BROWARD

3. Mailing Office Address

4611 S.W. 44th AVE.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL.

Zip

33314

Country

BROWARD

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/10/94

5. FEI Number

65-0530976

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

RAYMOND J SEXTON

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

4611 S.W. 44th AVE

Suite, Apt. #, Etc.

City

FT. LAUDERDALE, FL

State

FL

Zip Code

33314

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

Raymond J Sexton
REGISTERED AGENT MUST SIGN

Date **2-17-00**

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. RAYMOND J SEXTON 4611 S.W. 44th AVE FT. LAUDERDALE FL 33314

V PRES. STEVEN L SEXTON 4673 S.W. 24th STREET FT LAUDERDALE FL 33317

SEC/TRES. SHIRLEY M SEXTON 4611 S.W. 44th AVE FT. LAUDERDALE FL 33314

98-00 AR

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 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

2-17-00

Date

954

581 1118

Daytime Phone #

CR2E081 (9/99)

SPA COVERS BY RJ MANUFACTURING, INC.

4611 S.W. 44 Ave.

Ft. Lauderdale, FL 33314

Phone (954) 581-1118

Fax (954) 584-1126

65-0530976

P 94000083574

2-17-2000

2

The reason we didn't make our payment was because we had a charge og address. And our statement wasn't forward to us.

We just found out we wasn't corporation.
This check is to reinstatement us. We hope that the penalty can be amended.

The request taken by: yfisher

Sincerely

