

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000093799

1. Entity Name  
RJM BUILDERS, INC.



FILED

2007 OCT 10 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

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.



10022007 REIN-P CR2E098 (1/07)

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

City & State  
Wellington, FL  
Zip 33414 Country USA

4. FEI Number  
65-0545678  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MAGGIO, RONALD J  
15340 MEADOW WOOD DRIVE  
WELLINGTON, FL 33414

## 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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/2/07

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  
NAME MAGGIO, RONALD J PRES  
STREET ADDRESS 15340 MEADOW WOOD DRIVE  
CITY-ST-ZIP WELLINGTON, FL 33414 ☐ Delete

TITLE VP  
NAME MAGGIO, SUSAN B VP  
STREET ADDRESS 15340 MEADOW WOOD DRIVE  
CITY-ST-ZIP WELLINGTON, FL 33414 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
000110808860  
10/10/07--01055--021 \*\*158.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

Ronald Maggio

10/2/07

561-204-3760

10/12/07