

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JAN 02 PM 4: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000093485

1. Corporation Name

RJS of Rompano, Inc

2. Principal Office Address

440 E Copans Rd

Suite, Apt. #, etc.

3. Mailing Office Address

440 E Copans Rd

Suite, Apt. #, etc.

City & State

Pompano Bch FL

Zip

33064

Country

Broward

City & State

Pompano Bch FL

Zip

33064

Country

Broward

REINSTATEMENT 05-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

1995

5. FEI Number

65-0630084

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

Randall Sapienza

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

15326 86th way N

Suite, Apt. #, Etc.

Palm Beach Gardens

City

Palm Beach Gardens

State

FL

Zip Code

33418

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-10-06

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
<u>President</u>	<u>Randall Sapienza</u>	<u>15326 86th way N</u>	<u>Palm Bch Gardens FL 33418</u>

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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:

Randall J Sapienza 12/10/06 954-785-5493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #