

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -3 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000095135

1. Corporation Name

RJ & LK, INC.

Principal Place of Business

~~310 WILLOW WAY
LYN HAVEN FL 32444~~

Mailing Address

~~310 WILLOW WAY
LYN HAVEN FL 32444~~

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
6159 Parchment Ct.

City & State
Haymarket, VA

Zip
20169

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
P.O. Box 934

City & State
Haymarket, VA

Zip
20168-0934

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1995

5. FEI Number

59-3366068

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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 3	City / State / Zip 4
P	PARZIALE, JOHN R	6651 PATENT PARISH LANE 6159 PARCHMENT COURT	ALEXANDRIA VA 22315 HAYMARKET, VA 20169

8. Name and Address of Current Registered Agent

YOUNG, CHARLES P ESQ.
EMMANUEL, SHEPPARD & CONDON
30 S. SPRING STREET
PENSACOLA FL 33501

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. or 617.0505, F.S.

Signature of
Registered Agent

Charles P. Young
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/16/02

11. 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:

John R. Parziale
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/02
Date

(703) 743-1085
Daytime Phone #

CR2E040 (802)

RJ AND LK, Inc.

MAILING ADDRESS:
P.O. Box 934
Haymarket, Virginia 20168-0934

OVERNIGHT DELIVERY ADDRESS:
6159 Parchment Court
Haymarket, VA 20169

JOHN R. PARZIALE, President

Direct Dial: (703) 743-1085 • Mobile (703) 626-3197 • Fax (703) 743-1086 • E-Mail: parziale@alum.syracuse.edu

December 16, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Reinstatement

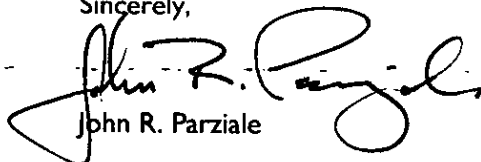
Dear Sir/Madam,

Enclosed please find the Application for Reinstatement for RJ & LK, Inc. with applicable fee. We request waiver of late fees and penalties (if any) because prior mailings from your office were not received. Change of address notices were mailed to your office in 2001, but your records appear to not have been updated.

Should you have any questions regarding this matter, please feel free to contact me.

Thanks you for your cooperation in this matter.

Sincerely,


John R. Parziale

cc: File

ENCLOSURE

RECEIVED

DATE

TIME

BY