2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000034193

Entity Name: RKJ ENTERPRISES, INC.

FILED Oct 06, 2005 Secretary of State

	iidi Taro Elvii	ENTRIOLO, IIVO.				
Current Principal Place of Business:				New Principal Place of Business:		
7620 WOODS LN. PENSACOLA, FL 32526				912 W MICHIGAN AVE PENSACOLA, FL 32505		
Current Mailing Address:				New Mailing Address:		
7620 WOODS LN. PENSACOLA, FL 32526				912 W MICHIGAN AVE PENSACOLA, FL 32505		
FEI Number:	59-3373158	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LOZIER, DANIEL R 125 WEST ROMANA STREET SUITE 222 PENSACOLA, FL 32501 US				LOZIER, THAMES AND FRAZIER PA 24 W CHASE ST PENSACOLA, FL 32502 US		
	named entity s e of Florida.	submits this statement for the p	urpose o	of changing i	ts registered o	office or registered agent, or both,
SIGNATURE: DANIEL LOZIER				10/06/2005		
	Electron	ic Signature of Registered Age	nt ent			Date
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive t	he prior notic	e.	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () ROBINSON, PR 7620 WOODS L PENSACOLA, F	_N.		Title: Name: Address: City-St-Zip:	PD (X ROBINSON, PI 912 W MICHIG PENSACOLA,	AN AVE
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	VP (ROCKWELL, 0 912 W MICHIG PENSACOLA,	AN AVE
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	COO (LEONARD, GL 912 W MICHIG PENSACOLA,	AN AVE
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	S (LEONARD, RH 912 W MICHIG PENSACOLA,	AN AVE
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	T (HAMILTON, LE 912 W MICHIG PENSACOLA,	AN AVE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN LEONARD COO 10/06/2005