| PLEASE READ | ALL INSTRUCTIONS | BEFORE C | OMPLET | ING THIS FORM. | |
|---|---|--|---|--|--|
| APPLICATION FOR REINSTATEMENT | FLORIDA DEPARTMEI Sandra B. Mor Secretary of S DIVISION OF CORPOR | NT OF STATE tham State | I | FILED | |
| DOCUMENT # P97000015041 | | | 99 JAN 11 PM 2: 46 | | |
| 1. Corporation Name R.J. MYERS ENTERPRISES, INC. | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| Principal Place of Business | Mailing Address | | | | |
| 167 PONCE DE LEON STREET ROYAL PALM BEACH FL 33411 | 167 PONCE DE LEON STREET ROYAL PALM BEACH FL 33411 | | | | |
| | | | REINSTATEMENT9899 - | | |
| If above addresses are incorrect in any way, line through incorrect information and enter of the principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3. New Mailing Office Address, If Applicable | | COITECUOIT DELOW. | 4. Date Incorpo | orated or Qualified | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. City & State | | 5. FEI Number | 7121 1-1-1 Pappined 1 Gr | |
| Royal taln Boh, F1 | Zip Country | у | 6. CERTIFICATE | Not Applicable Sof STATUS DESIRED Sof STATUS DESIRED for a Certificate of Status | |
| 7. Names and Street Addresses of Each Officer and/o | | tions must list at lease | st 3 directors) | - Company Control | |
| Title(s) 2 and/or Directors | Off | icer and/or Director e Post Office Box Nu | mbers) | City / State / Zip | |
| thes Bonald J. Mi | 103 Jr. 126 G | lucers! | lane | RPB, F1 33411 | |
| Sec. Samantha M | 1462 1910 C | Dueens | Lane | RPB, F1 33411 | |
| | | | | | |
| | | | 90 | 000027420794. | |
| | | | | -01/14/9901091010 _ ****900.00 /****900.00 _ | |
| Name and Address of Current Registered Agent Name | | | 9. Name and Address of New Registered Agent | | |
| Myers, ronald j jr. 167 ponce de leon street | | Street Address (P.O. Box Number is Not Acceptable) Suite Ant # Etc. | | | |
| ROYAL PALM BEACH FL 33411 | | Garage Age 1/2 Los | | | |
| City | | | State Zip Code FL | | |
| 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. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date REGISTERED AGENT MUST SIGN | | | | | |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.) | | | | | |
| 12. 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: PONDE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 22 88 86 | | | | | |