

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97 0000 80388**

1. Corporation Name

RJF HOLDINGS

2. Principal Office Address

520 W. Hallandale Bch Blvd

Suite, Apt. #, etc.

City & State

Hallandale, Florida

Zip

33009

Country

USA

3. Mailing Office Address

520 W Hallandale Bch Blvd

Suite, Apt. #, etc.

City & State

Hallandale, Florida

Zip

33009

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09-17-1997

5. FEI Number

650786915

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

Robert J. Fenstersheib

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

520 W Hallandale Bch Blvd.

Suite, Apt. #, Etc.

City

Hallandale

State
FL

Zip Code
33009

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

REGISTERED AGENT MUST SIGN

Date **02/06/2003**

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
PD	Robert Fenstersheib	520 W Hallandale Bch Blvd	Hallandale, Florida 33009

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/2003 (954)456-2488

Date

Daytime Phone #

FILED

03 FEB -7 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600012311526
02/11/03--01039--023 ***300.00

CR2E081 (10/02)

954 217 03

STATE OF FLORIDA:

COUNTY OF BROWARD:

AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared ROBERT J. FENSTERSHEIB, who after being first duly sworn, deposes and says:

1. Affiant is the president of RJF Holdings, Inc.,
2. RJF Holdings, Inc. Physical and mailing address is 520 West Hallandale Beach Blvd. Hallandale, Florida 33009
3. Affiant declares he did not receive the Uniform Business Report renewal notice from Florida Department of State, Division of Corporations for the years 2002 and 2003.

FURTHER AFFIANT SAITH NOT!!!


ROBERT J. FENSTERSHEIB

SWORN TO AND SUBSCRIBED

before me this 6 day of February, 2003.


Notary Public

My Commission Expires:

HEIDI M. FRITZ
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION # CC877825
EXPIRES 1/17/2004
BONDED THRU ASA 1-888-NOTARY1