

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 15 PM 12:46

DOCUMENT # P97000108889

1. Corporation Name
RJW, Inc.

2. Principal Office Address
4210 Stacey Rd.

Suite, Apt. #, etc.

City & State
Jacksonville, Florida

Zip 32250
Country USA

3. Mailing Office Address
4210 Stacey Rd.

Suite, Apt. #, etc.

City & State
Jacksonville, Florida

Zip 32250
Country USA

REINSTATEMENT 99-0)

4. Date Incorporated or Qualified To Do Business in Florida 1/01/98

5. FEI Number 59-3483797
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
George R. Washington

Street Address (P.O. Box Number is Not Acceptable)
4210 Stacey Rd. East

Suite, Apt. #, Etc.

City
Jacksonville

600004336725-1
05/31/01--01084--024
***1050.00 ***1050.00

State FL
Zip Code 32250

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** _____

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
PSTD	George R. Washington	4210 Stacey Rd. East	Jacksonville, Fl. 32250

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: George R. Washington **Date** 3/14/01 **Daytime Phone #** 904-465-4551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)