

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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FILED

02 DEC -3 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT

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

DOCUMENT # P98000035344

1. Corporation Name
RJDESIGNS & ASSOCIATES, INC.

2. Principal Office Address
1243 JENKS AVE
Suite, Apt. #, etc.
City & State
PANAMA CITY, FL
Zip
32401 **Country**
USA

3. Mailing Office Address
SAME
Suite, Apt. #, etc.
City & State
PANAMA CITY, FL
Zip
32401 **Country**
USA

4. Date Incorporated or Qualified To Do Business in Florida 4/16/98

5. FEI Number 59-3519187 **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
EVERETT B. JAMES, JR.

Street Address (P.O. Box Number is Not Acceptable)
2206 W. 11TH ST

Suite, Apt. #, Etc.
400008816454
11/06/02--01006--022 **150.00

City
PANAMA CITY **State**
FL **Zip Code**
32401

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 [Signature] **Date** 11/04/02

REGISTERED AGENT MUST SIGN

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
<u>President</u>	<u>EVERETT B. JAMES, JR.</u>	<u>2206 W. 11TH ST</u>	<u>PANAMA CITY, FL 32401</u>

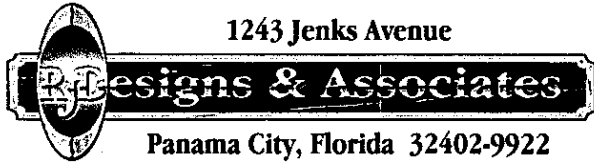
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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] EVERETT B. JAMES, JR. **Date** 11/04/02 **Daytime Phone #** 850 747 0999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

91 12/6



1243 Jenks Avenue

Designs & Associates

Panama City, Florida 32402-9922
Invention Technology Consultants

Prior Art Patent Searches
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Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Monday, November 04, 2002

To whom it concerns:

My corporation was administratively dissolved for not filling the current annual report. My accounting firm advised, should we have not received the initial application we would have been sent a second, neither of which was received at our registered address also the current address of: 1243 Jenks Avenue Panama City FL 32401.

I have enclosed a copy of your corporation reinstatement along with a check in the amount of \$150.00 for continuation of this corporation. Having not received any notification forms the Department of Corporations concerning this matter I do not feel it justified to pay the fees associated late filing.

Regards,


Everett James

Taking Inventions from Concept to Commerce!