

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 SEP -3 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008015701--8
-09/25/02--01001--015
***1050.00 ***1050.00

DOCUMENT # **P980000081240**

1. Corporation Name

RJC+ Associates Planners, Inc.

2. Principal Office Address

630 S. Orange Ave

Suite, Apt. #, etc.

102

City & State

Sarasota, FL

Zip

34236

Country

usa

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

8

Country

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

9-18-1998

5. FEI Number

65-0864197

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 Carlo Jr

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

8890 Bloomfield Blvd

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34238

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 **8-29-02**

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
Pres	Robert J. Carlo Jr	8890 Bloomfield Blvd	Sarasota FL 34238
Tres Secy	Sophia A Carlo	8890 Bloomfield Blvd	" "

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:

Robert Carlo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-29-02

Daytime Phone #

**941
929-9999**

CR2E081 (9/01)