

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 SEP 25 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000034400

**1. Corporation Name**

RJC CONSULTING COMPANY

**2. Principal Office Address**

1020 NW 13th Street

**3. Mailing Office Address**

P.O. Box 13395

Suite, Apt. #, etc. \_

Suite, Apt. #, etc. \_

**City & State**

Gainesville, FL 32601

**City & State**

Gainesville, FL

Zip 32601

Country

United States

Zip

32604-1395

Country

United States

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

59-3579530

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

Michael L. Brewer

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

500 Canal Street

Suite, Apt. #, Etc.

City

New Smyrna Beach

State  
**FL**

Zip Code

32168

400008431734--2  
-10/17/02-01084-006  
\*\*\*\*900.00 \*\*\*\*900.00

**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]*

REGISTERED AGENT MUST SIGN

Date

9/20/2002

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip         |
|--------|--------------------------------------|---|----------------------------|
| P D    | Richard J. Coble                     | P.O. Box 13395                                    | Gainesville, FL 32604-1395 |
|        |                                      |   |                            |
|        |                                      |   |                            |
|        |                                      |   |                            |
|        |                                      |   |                            |
|        |                                      |   |                            |

**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

9/20/2002

Date

Daytime Phone #

352 326 1224

CR2E081 (9/01)