

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000077543

1. Corporation Name

RJ LEATHERWORKS, INC.

Principal Place of Business

Mailing Address

1876 A SR 20

HAWTHORNE FL 32640

1876 A SR 20

HAWTHORNE FL 32640

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08/31/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3604994

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	BARABAS, RUSSELL J	1876 A SR 20	HAWTHORNE FL 32640

300023865033  
10/16/03--01092--005 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARABAS, RUSSELL J  
1876 A SR 20  
HAWTHORNE FL 32640

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Russell J. Barabas*  
REGISTERED AGENT MUST SIGN

Date

10/8/03

11. 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

*Russell J. Barabas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/03

Daytime Phone #

CR2E040 (7/03)

R.J. Leatherworks  
1876 A State Rd. 20  
Hawthorne, Fl. 32640

To Whom It May Concern:

On October 8, 2003, I received a certification that R.J. Leatherworks was dissolved or revoked .  
I have not received any prior notice of this action.

On October 9, 2003, I called your office and explained that on 2/28/03 I was hospitalized until 3/15/03, and was on bedrest until 3/30/03.

My accountant was suppose to take care of the paperwork that apparently was never filled.  
I was told by your office to send this letter with a check in the amount of \$150.00.

I am a small one man business and for me to have to send in \$600.00 for a penalty, since I did not receive notice would be a great financial burden at this time, please accept this check to reinstate.

Thank You,

A handwritten signature in black ink, reading "Russell J. Barabas". The signature is fluid and cursive, with the first name "Russell" and last name "Barabas" clearly legible.

Russell J. Barabas  
R.J. Leatherworks  
352-481-3367