

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000083845

1. Corporation Name

RJM CONSULTING, INC.

Principal Place of Business

Mailing Address

110 S. MAGNOLIA, STE. 215
TAMPA FL 33606

110 S. MAGNOLIA, STE. 215
TAMPA FL 33606

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

2. New Principal Office Address, If Applicable

105 So. Albany Ave.

3. New Mailing Office Address, If Applicable

105 So. Albany Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33606

Country

Zip

33606

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1999

5. FEI Number

59-3599553

Applied For

Not Applicable

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
PSTD	MICHAUD, RONDA	110 S. MAGNOLIA, STE. 215	TAMPA FL 33606

000003454960--0
-11/07/00-01061--008
****750.00 ****750.00

8. Name and Address of Current Registered Agent

BURDEN, BRIAN A

215 W. VERNE ST., STE. D
TAMPA FL 33606

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

Ronda J. Michaud *Brian A. Burden*
REGISTERED AGENT MUST SIGN

Date 10/14/00

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:

Ronda J. Michaud
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/00
Date

(813) 250-0110
Daytime Phone #

KE

REINSTATEMENT *OD*

FILED

00 OCT 19 AM 10:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA