

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
OF CORPORATIONS

1997 MAY 30 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **SO3021**

1. Corporation Name

RJM Real Estate, Inc.

Principal Place of Business

Mailing Address

5334 Flamingo Court
Coconut Creek, FL 33073

100002199361--2
-06/03/97--01033--019
***1253.75 ***1253.75

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

2. New Principal Office Address, If Applicable

Same as above

3. New Mailing Office Address, If Applicable

Same as above

4. Date Incorporated or Qualified To Do Business in Florida

10/9/90

5. FEI Number

65-0217757

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Ronald J. Maniscalco	5334 Flamingo Court	Coconut Creek, FL 33073
Director	Ronald J. Maniscalco	5334 Flamingo Court	Coconut Creek, FL 33073
Secretary/ Treasurer	Ronald J. Maniscalco	Same	

REINSTATEMENT

Handwritten initials and date: 5/18/97

8. Name and Address of Current Registered Agent

Ronald J. Maniscalco
5334 Flamingo CT
Coconut Creek FL
33073

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

Handwritten signature of Ronald J. Maniscalco

REGISTERED AGENT MUST SIGN

Date 5-16-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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:

Ronald J. Maniscalco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-97 (954) 428-0724

Date

Day/Time Phone #

CR2E046 (12/96)