

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 21 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400003929334--1

-03/29/01--01057--018

****750.00 ****750.00

400003929334--1

-03/29/01--01057--019

****150.00

REINSTATEMENT

DOCUMENT # 640018

1. Corporation Name

A J V CORPORATION

2. Principal Office Address

JAIME SUAREZ *CPA*

Suite, Apt. #, etc.

354 SEVILLA AVENUE

City & State

CORAL GABLES

Zip

33134

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/1979

5. FEI Number

59-1925857

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

JAIME SUAREZ *CPA*

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

354 SEVILLA AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

3/14/01

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
PTD	Careaga, Alejandro	Sierra Leona 364	Mexico 11000 D.F.
VSD	Careaga, Josefina	Sierra Leona 364	Mexico 11000 D.F.
T	Garcia De Careaga, Josefina	Sierra Leona 364	Mexico 11000 D.F.

LS

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:

Alejandro Careaga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-14-2001 (52) 55-20-61-95

Daytime Phone #

MEXICO CITY

CR2E081 (9/99)