

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

97 OCT 29 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000097659

1. Corporation Name
AJKC, INC.

Principal Place of Business
5400 S UNIVERSITY DR. SUITE 111
DAVIE FL 33328

Mailing Address
5400 S UNIVERSITY DR. SUITE 111
DAVIE FL 33328



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

2. New Principal Office Address, If Applicable 5400 S. UNIVERSITY DR. SUITE 108 DAVIE, FL 33328		3. New Mailing Office Address, If Applicable 5400 S. UNIVERSITY DR. SUITE 108 DAVIE, FL 33328		4. Date Incorporated or Qualified To Do Business in Florida 12/03/1996	
5. FEI Number 63-0714270		Applied For Not Applicable		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$0.75 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
P/S	GOSS, KENNETH	5400 S UNIVERSITY DR, SUITE 111 108	DAVIE FL 33328
			700002335417--1 -10/31/97--01088--011 ****758.75 ****758.75
			REINSTATEMENT 1997
			A. M. Goss 10/30/97

8. Name and Address of Current Registered Agent GREEN, MITCHELL F 4000 HOLLYWOOD BLVD, SUITE 485 S HOLLYWOOD FL 33021		9. Name and Address of New Registered Agent Name KENNETH M. GOSS Street Address (P.O. Box Number is Not Acceptable) 5400 S. UNIVERSITY DR. Suite, Apt. #, Etc. SUITE 108 City DAVIE, FL State FL Zip Code 33328	
--	--	---	--

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: Kenneth M Goss President Date: 10/27/97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Kenneth M Goss President Date: 10/27/97 (954) 434 9927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2040 (8/97)