

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

98 APR 16 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S43198**

1. Corporation Name  
**AJEMI, INC.**

Principal Place of Business  
**6629 N.W. 186TH STREET  
MIAMI FL 33015**

Mailing Address  
**6629 N.W. 186TH STREET  
MIAMI FL 33015**



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  
**04/04/1991**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
**65-0283541**

Applied For  
Not Applicable

City & State

City & State

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)

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
D	ZULUAGA, MARIA	17421 SW 48 ST	FT LAUDERDALE FL
PD	ZULUAGA, MARIA	17421 S.W. 48TH STREET	FT. LAUDERDALE FL 33331
			000002494600-- 6 -04/21/98--01021--002 ***900.00 ***900.00
			<b>REINSTATEMENT 97-98</b> <i>A. Alvar</i> <i>4/16/98</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ZULUAGA, MARIA  
17421 S.W. 48TH STREET  
FT. LAUDERDALE FL 33331**

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

*Maria E Zuluaga*  
REGISTERED AGENT MUST SIGN

Date **3/10/98**

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: *Maria E Zuluaga*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-5/98** **305-829-1946**  
Date Daytime Phone #

CRP040 (8/97)