

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 334081

1. Corporation Name

AJAX INVESTMENT COMPANY

Principal Place of Business
**3709 East Colonial Drive
Orlando, Florida**

Mailing Address
**3709 East Colonial Drive
Orlando, Florida**

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

2. New Principal Office Address, If Applicable
215 North Eola Drive

Suite, Apt. #, etc.

City & State
Orlando, Florida

Zip Country
32802 USA

3. New Mailing Address, If Applicable
215 North Eola Drive

Suite, Apt. #, etc.

City & State
Orlando, Florida

Zip Country
32802 USA

4. Date Incorporated or Qualified
To Do Business in Florida

AUGUST 21, 1968

5. FEI Number
59-1229320

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

DO NOT WRITE IN THIS SPACE

FILED

98 SEP 24 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7000002648817-4
-09/25/98--01031--011
***2875.00 ***2875.00

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	JOHN ALLEN	215 North Eola Drive	Orlando, Florida 32802
DVPS	JOHN F. LOWNDES	215 North Eola Drive	Orlando, Florida 32802
DP	JACK ZIMMER	215 North Eola Drive	Orlando, Florida 32802

REINSTATEMENT

73-98
B-9/24

8. Name and Address of Current Registered Agent

**JOHN F. LOWNDES
322 E. Central Boulevard
Orlando, Florida**

9. Name and Address of New Registered Agent

Name
JOHN F. LOWNDES
Street Address (P.O. Box Number is Not Acceptable)
215 North Eola Drive
Suite, Apt. #, Etc.

City State Zip Code
Orlando, FL 32802

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

[Signature]
JOHN F. LOWNDES

Date **September 23, 1998**

REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

[Signature] 9/23/98

CR2E040 (12/95)