PLEASE READ ALL INS	TRUCTIONS E	BEFORE C	OMPLET	NG THIS FORM.	IN.	
FLORI	DA DEPARTMEN' Sandra B. Morti Secretary of Sta	T OF STATE nam ate		7 PM 2: 18	י זטן	
DOCUMENT # K05530 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
KAJIN INVESTMENTS, INC.		,	1, 1			
	dress JOSE BLVD. ILLE FL 32223					
2(1)	t information and enter co	prection below.	Date Incorpt To Do Busin	orated or Qualified less in Florida	/1007	
Suite, Apt. #, etc. Suite, Apt. City & State City & State Zip Country Zip Country	#, etc.	FC	5. FEI Number	59-2877841 \$8.75 /	Additional Fee required	
7. Names and Street Addresses of Each Officer and/or Director (5)	3. 1.	Salve heitztumkene	CERTIFICATE st 3 directors)		Certificate of Status	
Title(s) Name of Officers and/or Directors	Street	VAndress of Each er and or Director Post Office Box Nu		City / State	/ Zlp	
VTD HARMAN-RUFF, PATRICIA	1412 RIVER OAKS	ROAD		JACKSONVILLE FL 32207		
PSD SAWYER, PHENIE C.	3899 OLDFIELD TF	RAIL		JACKSONVILLE FL 32223		
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		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	****150.00	****150.00	
8. Name and Address of Current Registered A	9. Name and Address of New Registered Agent Name					
SAWYER, PHENIE C.	Street Address (P.O. Box Number is Not Acceptable)					
11215 SAN JOSE BLVD JACKSONVILLE FL 32223	Suite, Apr. # Etc.					
STOREST LE SELES		City Jax	Fla		ip Code	
10. I, being appointed the registered agent of the above named cor is ignature of Registered Agent REGISTERED.		IRED	ligations of Section		,	
11. This corporation owes or has paid to Intangible Personal Property tax du		r Yes <table-cell></table-cell>	No 🗆	(See other Side of on internation	c/lijo/mation e tax/)	

SIGNOURE SIGNING OF SI

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 filling 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:

		•	11-16-95/					
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