

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC -4 PM 12:40

DOCUMENT # L03000053750

1. Limited Liability Company's Name

Ajax Equity, LLC

2. Principal Office Address - No P.O. Box #

224 Datura Street

Suite, Apt. #, etc.

Suite #508-509

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 12/10/2003

6. FEI Number

753139492

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Paul Krasker

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

625 North Flagler Drive

Suite, Apt. #, Etc.

9th Floor

City

West Palm Beach

State

FL

Zip Code

33401

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-29-07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Adam Jackson	220 Atlantic Avenue #6	Palm Beach, FL 33480
MGR	Alfred Jackson	210 East 18th Street	New York, NY 10003

REINSTATEMENT

2006, 2007

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12/03/07--01070--013 **205.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of
Managing Member/Manager

Date 11/29/2007

Daytime Phone 561-543-7606

Typed or printed name of signing Managing Member/Manager Adam Jackson