2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 30, 2008
Secretary of State

DOCUMENT# L06000030964

Entity Name: A. J. S. LIMITED LIABILITY COMPANY

Current Principal Place of Business:

2693 WHISPER LAKES CLUB CIRCLE
ORLANDO, FL 32837

New Principal Place of Business:

368 IOWA WOODS CIRCLE WEST
ORLANDO, FL 32824

Current Mailing Address:

2693 WHISPER LAKES CLUB CIRCLE
ORLANDO, FL 32837

New Mailing Address:

368 IOWA WOODS CIRCLE WEST
ORLANDO, FL 32824

FEI Number: 20-0753535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEWAK, ANDREW J
2693 WHISPER LAKES CLUB CIRCLE
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

SPIEWAK, ANDREW J
368 IOWA WOODS CIRCLE WEST
ORLANDO, FL 32824 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANDREW J. SPIEWAK 09/30/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: R.A. ( ) Delete
Name: SPIEWAK, ANDREW J
Address: 2693 WHISPER LAKES CLUB CIR
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES:

Title: R.A. (X) Change ( ) Addition
Name: SPIEWAK, ANDREW J
Address: 368 IOWA WOODS CIRCLE WEST
City-St-Zip: ORLANDO, FL 32824

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANDREW J. SPIEWAK R.A. 09/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date