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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000082921

1. Corporation Name

MAJOR AJAX, INC.

2. Principal Office Address		3. Mailing Office Address	
<u>201 S. Biscayne Blvd.</u>		<u>201 S. Biscayne Blvd.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<u>Suite 2500</u>		<u>Suite 2500</u>	
City & State		City & State	
<u>Miami, Florida</u>		<u>Miami, Florida</u>	
Zip	Country	Zip	Country
<u>33131</u>	<u>USA</u>	<u>33131</u>	<u>USA</u>

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ **Applied For** ☒ **Not Applicable**

6. CERTIFICATE OF STATUS DESIRED ☐ STATE of Florida, or other State

7. Name and Address of Current Registered Agent

Name
Timothy J. McCarthy c/o Hughes Hubbard & Reed LLP

Street Address (P.O. Box Number is Not Acceptable)
201 South Biscayne Blvd.

Suite, Apt. #, Etc.
Suite 2500

City
Miami,

State FL **Zip Code** 33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0303, F.S.

Signature of Registered Agent Timothy J. McCarthy **Date** 11/07/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P/T	Timothy J. McCarthy	201 S. Biscayne Blvd, 2500	Miami, FL 33131
D/VP/S	Charles R. Beeman	201 S. Biscayne Blvd, 2500	Miami, FL 33131

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, F.S., that all fees owed by this corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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: Timothy J. McCarthy **Date** 11/7/06 **(305) 379 5575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Daytime Phone #**

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

MAJOR AJAX, INC.

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