## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		DEPARTMENT OF STATE Secretary of State Ision of corporations		FILED 08 JUN - 2 PH 1:52
DOCUMENT # P0000116793  1. Corporation Name				SECRETARY OF STATE TALLAHASSEE. FLORIDA
Ajozz Productions, Inc.			REINSTATEMENT	
2. Principal Office Address - No P.O. B.  10433 153 Court  Suite, Apt. #, etc.	ox # <b>3.</b> Mailing C	Office Address  153 Court	. 80 06/02/	00130524618 /0801002013 **458.75 cr2E081 (12/07)
-	Outo, Apr. II,	, 560.		orated or Qualifled RODO
Jupiter Horida	City & State	y Horida	<b>5.</b> FEI Numbe	
33478 Country	zip / 3347	Country USA	6	OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent			1	
Nam Charlotte Redn		The reinstatement fee is imposed, except in		
Street Address (P.O. Box Number is Nat Acceptable)			circumstances which the entity did not receive the prior notices. By checking this box, you	
Sulte, Apt. #, Etc.			are certifying the prior notices were not received and requesting the reinstatement	
City LADI-LEV		State Zip Code FL 33478	fee be waived.	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Date Navy 28, 2008  REGISTERED AGENT MOST SIGN				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Titles Nam Officers and	ne of	Street Address of Eac Officer and/or Director	h	City / State / Zip
P Antoinne J Wright -		10482 153-(	ourth-	Jupikr, Ft -33478
* V Charlotte R Wright		0	art N	Jupiter, Fl 33478
C Jomes Wright		3470 NW 171 Terrace		Miani Fl 33056
5 Sylvestor Johnson Jr.		11511 NW 15th Street		Pembroke Pines, Fl 33026
1 Juan Williams		1525-A Prosperity Farms Rd. Lake Park, Fl. 33403		
1 JUON WIN	trong	1505 A Musperity	1 orms Na.	wane 1012, 11. 23703
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 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 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: MALATA PLANAX MALE OF SIGNING OFFICER OR DIRECTOR MALAS 2008 561.358 9499  BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destrict Phone #				