PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 21 PM 12:03

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DOCUMENT # P01000005734

1 Corporation Name

Albert James Enterprises, Inc

Principal Office Address - No P.O. Box #	3. Mailing Office Address
117 E. Amelia st.	117 E. Amelia St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL.	City & State: Orlando, FL.
Country: USA	Country: USA
Zip: 32801	Zip: 32801

4. Date Incorporated or Qualified To Do Business in Florida: 01/12/2001

5. FEI Number: 593696039 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Albert, Ivan

Street Address (P.O. Box Number is Not Acceptable): 117 E. Amelia st.

Suite, Apt. #, Etc.:

City: Orlando | State: FL | Zip Code: 32801

☑ The 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 reinstatement fee be waived.

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN — Date: 03/19/2008

8. 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
P, VP	Ivan albert		
S, T	—	117 E. Amelia st.	Orlando, FL 32801
		REINSTATEMENT	04-06 B3/21/08

9. 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 filing 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-19-2008 — Date

407 412-7040 — Daytime Phone #