

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR -7 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000005031

1. Corporation Name

AJGOP REALTY CORP

2. Principal Office Address

3835 NW BOCA RATON BLVD

Suite, Apt. #, etc.

S 100

City & State

BOCA RATON FL

Zip

33432

Country

US

3. Mailing Office Address

PO BOX 810817

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33481-0817

Country

US

REINSTATEMENT

03-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/15/2002

5. FEI Number

26-0016372

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

RSK REGISTERED AGENTS, INC.

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

17674 SCARSDALE WAY

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33496

8. I, being appointed 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

Paul Smith
REGISTERED AGENT MUST SIGN

Date 04/05/2006

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,D	ANTHONY J. GITTO	PO BOX 810817,	BOCA RATON, FL 33481-0817
VP, D	JOHN C. MORENO	3835 NW BOCA RATON BLVD	BOCA RATON, FL 33432

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04/24/06--01053--007 **1200.00
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04/24/06--01053--008 **8.75

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell APP 7 2006