


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000107226		
1. Entity Name R.J. HOLDINGS OF MIAMI, INC.		

Principal Place of Business 201 S. BISCAYNE BOULEVARD SUITE 1500 MIAMI, FL 33131	Mailing Address 201 S. BISCAYNE BOULEVARD SUITE 1500 MIAMI, FL 33131
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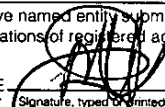
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent FERRELL GROUP CORPORATE SERVICES FERRELL SCHULTZ CARTER & FERTEL PA 201 S. BISCAYNE BLVD. 15TH FLOOR MIAMI, FL 33131	
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FILED
06 OCT 18 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

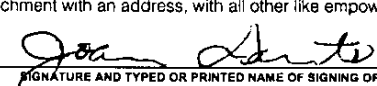


10172006	REIN-P	CR2E098 (11/05)	06
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name: Maria Vanden Bosch Street Address (P.O. Box Number is Not Acceptable): 201 S Biscayne Blvd. Suite 1500 City: Miami FL Zip Code: 33131	
8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	DATE: 10/17/06

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DANTO, JOAN 201 S. BISCAYNE BOULEVARD, SUITE 1500 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9000809586 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/18/06--01039--007 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE: 9/15/06 DAYTIME PHONE #: (305) 495-7171