

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000028883

1. Corporation Name

AJUNI INVESTMENTS INC

2. Principal Office Address - No P.O. Box #

9955 NW 58TH STREET

Suite, Apt. #, etc.

City & State

MIAMI.FLORIDA

Zip

33178

Country

UNITED STATES

3. Mailing Office Address

9955 NW 58TH STREET

Suite, Apt. #, etc.

City & State

MIAMI.FLORIDA

Zip

33178

Country

UNITED STATES

7. Name and Address of Current Registered Agent

Name

RASPREET CHAWLA

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

3386 SW 181 TERRACE

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33029

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

R Chawla

REGISTERED AGENT MUST SIGN

Date **04/21/2009**

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
DP	CHOWDHURY HAPREET K	9955 NW 58TH STREET	MIAMI.FLORIDA. 33178
D	CHOWDHURY ANAND SIGH	9955 NW 58TH STREET	MIAMI.FLORIDA. 33178

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

04/21/2009

Date

7863319990

Daytime Phone #

FILED

09 APR 23 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800152076008

04/23/09--01029--005 **1058.75

REINSTATEMENT

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

02/05/2004

**5. FEI Number
651217599**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

☒ 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.