

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
11/2

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <i>P05000106599</i>		
1. Corporation Name <i>AYJAMO, INC.</i>		

2. Principal Office Address <i>7994 W. 34CT</i>	3. Mailing Office Address <i>7994 W. 34CT</i>
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State <i>Hialeah, FL</i>	City & State <i>Hialeah, FL</i>
Zip <i>33018</i>	Country <i>U.S.</i>
4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <i>84-1686489</i>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <i>Emma del Castillo</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>7994 W. 34CT</i>			
Suite, Apt. #, Etc. —			
City <i>Hialeah</i>		State <i>FL</i>	Zip Code <i>33018</i>

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 <i>Emma del Castillo</i>	REGISTERED AGENT MUST SIGN <i>SJ</i>	Date <i>10/8/06</i>	

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
PTD	<i>AMADO, FEDERICO J.</i>	<i>7994 W. 34CT</i>	<i>Hialeah, FL 33018</i>
VSD	<i>LORENZO, ELISA</i>	<i>7994 W. 34CT</i>	<i>Hialeah FL 33018</i>

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.			
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SIGNATURE: <i>Federico J. Amado</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	11/8/06	Daytime Phone # <i>786-534-6163</i>
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November 6, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

AYJAMO, INC.
Ref: Document Number P05000106599

To Whom It May Concern:

As per telephone conversation this morning enclosed please find check No. 0292 for the amount of \$150.00. As stated I moved and also was out of town and never received the renewal notice.

If you have any questions you may call 786.539-6163. Once again thank you for your time and cooperation.

Sincerely,

Federico J. Amado
President