

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 NOV 14 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO5000106599**

1. Corporation Name

AYJAMO, INC.

300081756193
11/14/06--01060--007 **150.00

2. Principal Office Address

7994 W. 34th

Suite, Apt. #, etc.

City & State

MIALENA, FL

Zip

33018

Country

U.S.

3. Mailing Office Address

7994 W. 34th

Suite, Apt. #, etc.

City & State

MIALENA, FL

Zip

33018

Country

U.S.

REINSTATEMENT

Do

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

84-1686489

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

EMMA DEL CASTILLO

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

7994 W. 34th

Suite, Apt. #, Etc.

City

MIALENA

State

FL

Zip Code

33018

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

[Signature]

Date

10/8/06

REGISTERED AGENT MUST SIGN

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	AMADO, FEDERICO J.	7994 W. 34th	MIALENA, FL 33018
USD	LORENZO, ELISA	7994 W. 34th	MIALENA, FL 33018

K. Eckel NOV 15 2006

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

[Signature]

Date

10/8/06

Daytime Phone #

786-539-6163

2/2

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