

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 OCT 27 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000106599

1. Corporation Name

AYJAMO, INC.

REINSTATEMENT
07-09

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 7994 WEST 34 CT Suite, Apt. #, etc.		3. Mailing Office Address 1840 WEST 49 ST Suite, Apt. #, etc. #734	
City & State HIALEAH FL		City & State HIALEAH FL	
Zip 33018	Country USA	Zip 33012	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	07/29/2005
5. FEI Number 84-1686429	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 FEDERICO J. AMADO			
Street Address (P.O. Box Number is Not Acceptable) 7994 WEST 34 CT			
Suite, Apt. #, Etc.			
City HIALEAH	State FL	Zip Code 33018	

☒ 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.

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 (X) Federico J. Amado Date 10/26/09
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
PD	FEDERICO J. AMADO	3161 S OCEAN DRIVE - SUITE: 1202	HALLANDALE BEACH FL 33099
VP	ELISA EVANGELINA LORENZO	3161 S OCEAN DRIVE - SUITE: 1202	HALLANDALE BEACH FL 33099
D	JOSE CALÖ	3161 S OCEAN DRIVE - SUITE: 1202	HALLANDALE BEACH FL 33099

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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: (X) Federico J. Amado Date 10/26/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #