2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000137384

Entity Name: AAJ OF MIAMI, INC.

FILED Oct 19, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2900 N.W. 36 STREET 885 SE 14TH STREET MIAMI, FL 33142 HIALEAH, FL 33010

Current Mailing Address: New Mailing Address:

2900 N.W. 36 STREET MIAMI, FL 33142

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FALLON, KIERAN P ESQ. 436 S.W. 8TH STREET SUITE 200 MIAMI, FL 33130 US

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.

SIGNATURE: KIERAN FALLON

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PSTD (X) Change () Addition

 Name:
 SEIDLE, WILLIAM D
 Name:
 SEIDLE, WILLIAM D

 Address:
 2900 NW 36 STREET
 Address:
 2900 NW 36 STREET

 City-St-Zip:
 MIAMI, FL 33142
 City-St-Zip:
 MIAMI, FL 33142

Title: VP (X) Delete Title: () Change () Addition

 Name:
 SEIDLE, MICHAEL
 Name:

 Address:
 2900 NW 36 STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33142
 City-St-Zip:

Title: VP (X) Delete Title: () Change () Addition

 Name:
 OSTER, WILLIAM
 Name:

 Address:
 2900 NW 36 STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33142
 City-St-Zip:

Title: S/T (X) Delete Title: () Change () Addition

 Name:
 FALLON, KIERÂN P
 Name:

 Address:
 436 SW 8 STREET, SUITE 200
 Address:

 City-St-Zip:
 MIAMI, FL 33130
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D. SEIDLE PSTD 10/19/2006