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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 12, 2001 8:00
Secretary of State

DOCUMENT # P93000074146

1. Corporation Name

LJM GROUP, INC.

00-D1

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
20 Indian Trace	20 Indian Trace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston, Florida	City & State: Weston, Florida
Zip: 33326 Country: USA	Zip: 33326 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10-26-93

5. FEI Number: 650448340 ☐ 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: Miguel Arevalo

Street Address (P.O. Box Number is Not Acceptable): 20 Indian Trace

Suite, Apt. #, Etc.:

City: Weston State: FL Zip Code: 33326.

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 Miguel Arevalo Date: 10-12-01

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
D	Miguel Arevalo	20 Indian trace	Weston, Fl, 33326.
			AD

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 under section 119.07(3)(i), 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 Miguel Arevalo 10-12-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

LJM GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00