PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** Secretary of State REMISTATEMENT FILED DIVISION OF CORPORATIONS DOCUMENT # P9400003514 (4) 97 DEC 15 AM 9: 57 1. Corporation Name AJW ASSOCIATES, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1259 Rio Vista Blvd. Ft. Lauderdale, FL 33301 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified 1776 SE 10th Street 1776 SE 10th Street To Do Business in Florida 01/13/1994 Suite, Apt. #, etc Suite, Apt #, etc 5. FEI Number Applied For City & State City & State 65-0493005 Not Applicable Ft. Lauderdale, Ft. Lauderdale, 33316 \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 33316 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip D/P Ray M. Williams 1776 SE 10th Street Ft. Lauderdale, FL 33316 D/V Susan S. Williams 1776 SE 10th Street Ft. Lauderdale, FL 33316 000002376500--1 -12/18/97--01065--003 ¥***750,00 ****750,00 12/18/97==01065==004 *****8.75 ******* 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Ray M. Williams
Street Address (P.O. Box Number is Not Acceptable) Williams, Ray M. 1259 N. Rio Vista Blvd. 1776 SE 10th Street Suite, Apt. #, Etc. Ft. Lauderdale, FL 33301 City State | Zip Code Ft. Lauderdale 33316 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 12/12/97 Registered Agei Date REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information Yes X Dept. of Revenue under S. 199.032, Florida Statutes. on intangible tax.) No 12. 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 118.07(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.

Ray M. Williams

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/97

Daytime Phone #