MAY-02-97 SAT 11:42 AM

PLEASE READ ALL INSTRUCTIONS BEFORE COMPL

~~APPLICATION FOR REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08 1998 8:00am
Secretary of State

DOCUMENT # P94000029827

1 Corporation Name

AJF GENERAL BUSINESS, CORP.

Principal Place of Business

10583 NW 52 TERRACE
MIAMI, FL 33178

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable
10583 NW 52 Terr

Suite, Apt. #, etc.

City & State
Miami Fl

Zip 33178 | Country USA

4. Date Incorporated or Qualified To Do Business in Florida 4/19/94

5. FEI Number
65-0483571

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	ALEJANDRO MEDINA	10583 NW 52 Terr	Miami Fl 33178
VP	FLORA MEDINA	10583 NW 52 Terr	Miami Fl 33178
D	JUAN MEDINA	10583 NW 52 Terr	Miami Fl 33178
			5/7/8
		900002482299 -04/08/98--01015--030	
		***150.00	

8. Name and Address of Current Registered Agent

ALEJANDRO MEDINA
10583 NW 52 Terr
Miami Fl 33178

9. Name and Address of New Registered Agent

Name: ALEJANDRO MEDINA
Street Address (P.O. Box Number is Not Acceptable): 10583 NW 52 Terr
Suite, Apt. #, Etc.:
City: Miami | State: Fl. | Zip Code: 33178

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.

Signature of Registered Agent: X ..... Date: 03/31/98

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

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 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 3/31/98