

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVE
AND
FILED


06 MAY -5 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200075196042
05/24/06--01007--014 **1358.75

REINSTATEMENT 03-06 JSC

CR2E081 (12/05)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 795000029387			
1. Corporation Name RTJ INVESTMENT CORP			
2. Principal Office Address 1881 NE 196 th TER. Suite, Apt. #, etc. City & State N Miami, FL Zip 33179 Country USA		3. Mailing Office Address 1881 NE 196 th TER. Suite, Apt. #, etc. City & State N Miami, FL Zip 33179 Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 1995	
5. FEI Number 65-0586232	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name BARBARA CORNELIA		
Street Address (P.O. Box Number is Not Acceptable) 1881 NE 196 th TER		
Suite, Apt. #, Etc.		
City N Miami	State FL	Zip Code 33179

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 [Signature]	Date 5/1/06
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
VP	NATIE CORNELIA	18600 W. Dixie Hwy	N Miami, FL 33160

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 5/1/06 Daytime Phone # 305-935-1067

* 1358.75