PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
03 APR -7 PM 1:21
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000102363

1. Corporation Name
AJC PROPERTIES, INC.

400016219254
04/17/03--01075--022 **900.00

400016219254
04/17/03--01075--021 **8.75

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
6135 NW 167th St.	6135 NW 167th St.
Suite, Apt. #, etc. Unit E-11	Suite, Apt. #, etc. Unit E-11
City & State Miami Lakes, Fla.	City & State Miami Lakes, Fla.
Zip 33015 Country United States	Zip 33015 Country United States

4. Date Incorporated or Qualified To Do Business in Florida: 12/02/97

5. FEI Number: 65-0801029 ☐ 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: Joel M. Gaulkin, Esquire

Street Address (P.O. Box Number is Not Acceptable): ~~4627 Ponce De Leon Blvd.~~ 1320 S. Dixie Highway

Suite, Apt. #, Etc: ~~2nd Floor~~ PH STE 1275

City: Coral Gables, Florida State: FL Zip Code: 33146

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: Joel M Gaulkin Esq Date: 4/1/03
REGISTERED AGENT MUST SIGN

CR2E031(1/02)

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
P/D/S	Andrew J. Capodiferro	6135 NW 167th St, Unit E-11	Miami Lakes, Florida 33015

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: Andrew J Capodiferro 4/1/03 (305) 823-2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #