

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 14 AM 8:00

DOCUMENT # P990000042923

**1. Corporation Name**

Ajax Investments Worldwide, Inc

**2. Principal Office Address**

145 NE 2nd Ave

Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 1719

Suite, Apt. #, etc.

**City & State**

Crystal River FL

**City & State**

Crystal River, FL

**Zip**

34428

**Country**

USA

**Zip**

34423

**Country**

USA

**REINSTATEMENT**

84

MRB

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/6/1999

**5. FEI Number**

59-3600946

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$875 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

David M. Garrick

**Street Address (P.O. Box Number is Not Acceptable)**

420 Miller Creek Rd

Suite, Apt. #, Etc.

**City**

Crystal River

**State**

FL

**Zip Code**

34428

**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 12.6.04

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
P	David M. Garrick	420 Miller Creek Rd	Crystal River, FL 34428
VP	Joseph D. Garrick	400 NW 16th St #2	Crystal River, FL 34428

100043402451  
12/14/04--07040--010 \*\*750.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Garrick

Date

12.6.04

Daytime Phone #

352 563-5004

CR2081 (01/04)