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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S12836			
1. Corporation Name R M J Corp.			
2. Principal Office Address 12220 SW 98 ST Suite, Apt. #, etc. MIAMI FLORIDA Zip 33184 Country DA USA		3. Mailing Office Address 12220 SW 98 ST. Suite, Apt. #, etc. MIAMI FL Zip 33186 Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 11/15/1990	
		5. FEI Number 65-0228817	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>	
7. Name and Address of Current Registered Agent Name RAFAEL AYALA Street Address (P.O. Box Number is Not Acceptable) 12220 SW 98 ST. Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33186			
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 <u>Rafael Ayala</u> Date <u>4/17/06</u> 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
PRES	RAFAEL AYALA	12220 SW 98 ST.	MIAMI FL 33186
V. Pres	MARIELA AYALA	12220 SW 98 ST.	MIAMI FL 33186
SEC	RAFAEL AYALA	12220 SW 98 ST.	MIAMI FL 33186
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: <u>Rafael Ayala</u> RAFAEL AYALA Date <u>4/17/06</u> 305 968-1129 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

April 17, 2006

Request reinstatement

Mailing address was changed therefore
did not receive reports.

RM JCORP. DOC. # S12836

FBI # 650228817

CHECK ENCLOSED	450.00
#5228	+ 8.75 - CERT. of STATUS
AMT. 458.75	<u>\$ 458.75</u>

Thank you
Rafael Cepeda (pres.)
305 968-1129
223 -2342
596 -2907