

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUL -2 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000182577660
06/25/10--01001--001 **277.50

CR2E041 (11/09)

DOCUMENT # LO7000079446

1. Limited Liability Company's Name

JAI MATA DI GROUP LLC

2. Principal Office Address - No P.O. Box #

2451 McMULLEN BOOTH

Suite, Apt. #, etc.

McMULLEN BOOTH RD

City & State

CLEARWATER, FL

Zip

33759

Country

U.S.A.

3. Mailing Office Address

2451

Suite, Apt. #, etc.

300A

City & State

CLEARWATER, FL

Zip

33759

Country

U.S.A.

4. State/Country of Formation

FLORIDA, USA.

5. Date Organized or Qualified To Do Business in Florida

08/07/2002

6. FEI Number

26-0717879

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name SIDHARTH OBEROI

Street Address (P.O. Box Number is Not Acceptable) 2451 McMullen Rd

Suite, Apt. #, Etc. 300 A

City Clearwater

State FL

Zip Code 33759

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Sid.

Date 05/20/2010

REGISTERED AGENT MUST SIGN (SIDHARTH OBEROI)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	SIDHARTH OBEROI	2451, McMULLEN BOOTH RD.	Clearwater, FL - 33759

9001817781 29
06/07/10--01067--001 **138.75

000182577660
07/07/10--01001--011 **100.00

REINSTATEMENT 08-10

11. E-mail Address: Sid @ -altaenterprisesusa.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Sid

Date 5/20/2010

Daytime Phone # 7277253858

Typed or printed name of signing Managing Member/Manager SIDHARTH OBEROI