

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000039062

**FILED**  
**Dec 09, 2009**  
**Secretary of State**

**Entity Name:** JAI VIGNESH, INC.

**Current Principal Place of Business:**

5319 AIRPORT PULLING RD  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

5319 AIRPORT PULLING RD  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 77-0597720

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATEL, AJAY R  
1647 MANCHESTER CT  
NAPLES, FL, FL 34109 US

**Name and Address of New Registered Agent:**

PATEL, AJAY R  
5319 AIRPORT PULLING RD  
NAPLES, FL 34109 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AJAY R PATEL

12/09/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P (X) Delete  
Name: PATEL, AJAY R  
Address: 1647 MANCHESTER CT  
City-St-Zip: NAPLES, FL 34109

Title: P (X) Delete  
Name: PATEL, SUNAI A  
Address: 1647 MANCHESTER CT  
City-St-Zip: NAPLES, FL 34109

Title: P (X) Delete  
Name: PATEL, ROMA A  
Address: 1647 MANCHESTER CT  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: SOMAVARAM, LAKSHMIPATHY  
Address: 1850 105TH AVE N  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: SOMAVARAM, LAKSHMIPATHY  
Address: 1850 105TH AVE N  
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AJAY PATEL

RA

12/09/2009

Electronic Signature of Signing Officer or Director

Date