PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 JUL 26 AM 11:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F94000001362

1. Corporation Name
Jai Ambaji Corporation

2. Principal Office Address	3. Mailing Office Address
2445 State Road 16	2445 State Road 16
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, FL	City & State: St. Augustine, FL
Zip: 32092 Country: USA	Zip: 32092 Country: USA

REINSTATEMENT 07-00

4. Date Incorporated or Qualified To Do Business in Florida: 3/17/94

5. FEI Number: 59-3031375 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: X $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jyotsna Patel

Street Address (P.O. Box Number is Not Acceptable): 2445 State Road 16

Suite, Apt. #, Etc.:

City: St. Augustine State: FL Zip Code: 32092

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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: X Jyotsna Patel
REGISTERED AGENT MUST SIGN

Date: July 25, 2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Narendra Patel	2445 State Road 16	St. Augustine, FL 32092
VST	Jyotsna Patel	2445 State Road 16	St. Augustine, FL 32092

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.

KE

SIGNATURE: X N Patel Narendra Patel 7/25/00 (904) 824-3383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #