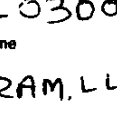


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		06 NOV 27 AM 10:55
DOCUMENT # L03000017274				
1. Limited Liability Company's Name JAI - JALARAM, LLC				
2. Principal Office Address 6520 209 STE Suite, Apt. #, etc.		3. Mailing Office Address 6520 209 STE Suite, Apt. #, etc.		CR2E041 (8/05)
City & State BRADENTON FL		City & State BRADENTON FL		
Zip Country 34211 MANATEE		Zip Country 34211 MANATEE		
				4. State/Country of Formation FL USA
				5. Date Organized or Qualified To Do Business in Florida
				6. FEI Number 06-1704509
				7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent				
Name BHALODIA ASHOK L.				
Street Address (P.O. Box Number is Not Acceptable) 6520 209 STE				
Suite, Apt. #, Etc.				
City BRADENTON				
State Zip Code FL 34211				
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 <u>Bhalodia</u> REGISTERED AGENT MUST SIGN _____ Date <u>11-03-06</u>				
10. Names and Street Addresses of Managing Members/Managers				
Titles	Names of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	
MANAGER	ASHOK BHALODIA	6520 209 STE BRADENTON FL 34211		
700008198569T 11/21/06--01039--003 **\$50.00 11/08/06 01018 002 \$150				
11. 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 <u>Bhalodia</u> Typed or printed name of signing Managing Member/Manager <u>ASHOK L. BHALODIA</u> Date <u>11-03-06</u> Daytime Phone # <u>941 807 1058</u>				