


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED  
04 OCT 18 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P00000041536					
<b>1. Corporation Name</b> Jay Siyaram Enterprise, Inc.					
<b>2. Principal Office Address</b> 815 6th Street NW Suite, Apt. #, etc.			<b>3. Mailing Office Address</b> 815 6th Street NW Suite, Apt. #, etc.		
City & State Winter Haven Florida			City & State Winter Haven Florida		
Zip 33881	Country Polk	Zip 33881	Country Polk	<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 04/25/00.	
				<b>5. FEI Number</b> 59-3641600	
				Applied For Not Applicable	
				<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 03-84

<b>7. Name and Address of Current Registered Agent</b>		
Name Dennis I Parek		
Street Address (P.O. Box Number is Not Acceptable) 815 6th Street NW		
Suite, Apt. #, Etc.		
City Winter Haven	State FL	Zip Code 33881

**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: *Dennis I Parek* Date: 10-14-04  
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
PSD	Dennis I Parek	815 6th Street NW	Winter Haven FL 33881
VTD	Sandhya D Parek	815 6th Street NW	Winter Haven FL 33881

3000041951343  
10/18/04--01095--018 \*\*1050.00

**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.

**SIGNATURE:** *Dennis I Parek* **Dennis I. Parek** x 10-14-04 4863-207-1792  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE081 (01/04)