PS 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED
04 NOV 1 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WDY222 604917

DOCUMENT # P00000056500

1. Corporation Name
JAGJIT ENTERPRISES INC

REINSTATEMENT 01-04

800028152908
11/01/04--01062--001 **150.00

800028152908
02/03/04--01053--025 **1050.00

2. Principal Office Address	3. Mailing Office Address
Suite, Apt. #, etc.: 950 S Winter Park Dr Ste 305	Suite, Apt. #, etc.: same
City & State: CASSELBERRY, FL	City & State: CASSELBERRY, FL
Zip: 32707 Country: USA	Zip: 32707 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: JUNE 2, 2000

5. FEI Number: 14-1878570 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: JOGINDER SINGH
Street Address (P.O. Box Number is Not Acceptable): 950 S Winter Park Dr
Suite, Apt. #, Etc.: SUITE 305
City: CASSELBERRY
State: FL
Zip Code: 32707

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: Joginder Singh
REGISTERED AGENT MUST SIGN
Date: 01-27-2004

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	City / State / Zip
DP	JOGINDER SINGH	950 S Winter Park Dr SUITE 305	CASSELBERRY FL 32707
D	SURINDER KAUR	950 S Winter Park Dr SUITE 305	CASSELBERRY FL 32707
DST	SAHEB SINGH	950 S Winter Park Dr SUITE 305	CASSELBERRY FL 32707

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 exception 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: X Joginder Singh — 01-27-2004 — 407-2633000
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON, OFFICER OR DIRECTOR — Date — Daytime Phone #

P5 2.92

27 October 2004

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please accept this payment of $150.00 due to reinstate our corporation. Also please note our change of address:

950 S.Winter Park Dr
Suite 305
Casselberry, FL 32707

Thank you for your attention to this matter.

Saheb Singh