


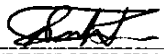
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA000136095990
09/18/08--01038--006 **300.00

CR2E081 (12/07)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000018743			
1. Corporation Name JAYMADI INC.			
2. Principal Office Address - No P.O. Box # 8505 HWY. 39 TH SOUTH		3. Mailing Office Address 8505 HWY. 39TH SOUTH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PLANT CITY, FLORIDA		City & State PLANT CITY, FLORIDA	
Zip 33567	Country HILLSBOROUGH	Zip 33567	Country HILLSBOROUGH
4. Date Incorporated or Qualified To Do Business in Florida 02/17/2003		5. FEI Number 113678311	
		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name PATEL, NARENDRA			
Street Address (P.O. Box Number is Not Acceptable) 8505 HWY. 39TH SOUTH			
Suite, Apt. #, Etc.			
City PLANT CITY		State FL	Zip Code 33567
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		Date 09/15/08	
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
P/T	PATEL, NARENDRA	8505 HWY. 39TH SOUTH	PLANT CITY, FL-33567
S	PATEL, SHAILESHKUMAR	8505 HWY. 39TH SOUTH	PLANT CITY, FL-33567
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 contained in Chapter 119, 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: 		09/15/08 813-737-9171	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Day/Time Phone #

REINSTATEMENT 07-08^{KS}