


2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED 1/2

05 AUG 29 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Eckel AUG 29 2005

DOCUMENT # P03000063430		
1. Entity Name BUNTY RAJA INC		

Principal Place of Business 1658 B HWY 138 E JONESBORO, GA 30236 US	Mailing Address 1658 B HWY 138 E JONESBORO, GA 30236 US
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2. Principal Place of Business M. DISCOUNT BEV	3. Mailing Address M. DISCOUNT BEV
Suite, Apt. #, etc. J	Suite, Apt. #, etc. J
City & State FORT PIERCE, FL	City & State FORT PIERCE, FL
Zip 34982	Country ST. LUCE



07272005 REIN-P CR2E098 (6/04) 04-05

6. Name and Address of Current Registered Agent PATEL, SANDIP M 305 MADES DR. FORT PIERCE, FL 34947	7. Name and Address of New Registered Agent Name: PATEL, SANDIP M Street Address (P.O. Box Number is Not Acceptable): 32155 South US Hwy 1 City: Fort Pierce FL Zip Code: 34982
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: S.M. Patel (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, SANDIP M 1658 B HWY 138 E JONESBORO, GA 30236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S.M. Patel PATEL SANDIP M 7/28/05 772-466-6596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/2

Name: Patel Sandip M
3215, South US Hwy -1
Sult J.
Fort Pierce
Florida - 34982

This is our Florida Address.
So, Please Send us all mail to
this address.

Thanks
S.M. Patel