

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000092126 1. Entity Name DEEJAK INC.				FILED 05 JUL -1 PM 12:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA 06-05 J. Roberts JUL 11 2005	
Principal Place of Business 119 SOUTH EAST 16TH AVENUE APT. 1-105 GAINESVILLE, FL 32601		Mailing Address 119 SOUTH EAST 16TH AVENUE APT. 1-105 GAINESVILLE, FL 32601			
2. Principal Place of Business 2225 County Rd 220		3. Mailing Address 2225 County Rd 220			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		06232005 REIN-P CR2E098 (6/04)	
City & State Middleberg, FL		City & State Middleberg, FL		4. FEI Number 01 0806291	
Zip 32068		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KACHHIA, RAJESH 119 SOUTH EAST 16TH AVENUE APT. 1-105 GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name Kachhia, Rajesh Street Address (P.O. Box Number is Not Acceptable) 2225 County Rd 220 City Middleberg FL Zip Code 32068			
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 (P) R. KACHHIA DATE 6/27/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete KACHHIA, RAJESH 119 SOUTH EAST 16TH AVE 2225 County Rd 220 GAINESVILLE, FL 32601 Middleberg FL 32068		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete KACHHIA, JAGANNATH 119 SOUTH EAST 16TH AVE 2225 County Rd 220 GAINESVILLE, FL 32601 Middleberg FL 32068		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KACHHIA G. G. TABUN 2225 CR 220 MIDDLEBERG FL 32068	
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	
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 900056891889 07/01/05--01038--007 **308.75	
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	
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 IKS empowered.					
SIGNATURE: (P) R. KACHHIA DATE 6/27/05 Daytime Phone # 904-215-5292 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					