


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000109755		
1. Entity Name JAI-SWAMIBAPA, INC.		

FILED
04 DEC -6 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4531 USEPPA DRIVE BRADENTON, FL 34203	Mailing Address 4531 USEPPA DRIVE BRADENTON, FL 34203
---	---

2. Principal Place of Business 6520 209 STE Suite, Apt. #, etc.	3. Mailing Address 6520 209 STE Suite, Apt. #, etc.
---	---

City & State BRADENTON FL	City & State BRADENTON FL
Zip 34211	Country MANATEE

11302004 REIN-P CR2E098 (6/04) 04

4. FEI Number 56-2408000	Applied For Not Applicable
-----------------------------	-------------------------------

5. Name and Address of Current Registered Agent BHALODIA, ASHOK L 4531 USEPPA DRIVE BRADENTON, FL 34203	
--	--

7. Name and Address of New Registered Agent Name BHALODIA, ASHOK L Street Address (P.O. Box Number is Not Acceptable) 6520 209 STE City BRADENTON FL Zip Code 34211	
--	--

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 <u>Bhalodia</u> 12.2.04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
---	--

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$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	DV SHAH, SHAILESHAKUMAR J 4480 SANIBEL WAY BRADENTON, FL 34203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SANJIV BHALODIA 12206 HOLLYBUSH TERR BRADENTON FL 34202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BHALODIA, KIRANKUMAR L 4615 SUSAN DR. BRTHLEHEM, PA 18017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BHALODIA, KIRANKUMAR L 3509 47TH CTE BRADENTON FL 34203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BHALODIA, ASHOK ; 4531 USEPPA DRIVE BRADENTON, FL 34203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BHALODIA, ASHOK L 6520 209 STE BRADENTON FL 34211 <input checked="" 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	300043213833 12/06/04--01049--014 **150.00 <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
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: <u>Bhalodia</u> 12.2.04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	
--	--

65