REINSTATEMENT
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
2008 JAN 24 PM 5:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000100679

1. Entity Name
SAI BALAJI, INC.

REINSTATEMENT

07252007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
400 US HIGHWAY 19 N SUITE F12 PALATKA, FL 32177	400 US HIGHWAY 19 N SUITE F12 PALATKA, FL 32177
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 20-0112263 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PUNJABI, RAMESH 400 US HWY 19 N SUITE 23 PALATKA, FL 32177	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________
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
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

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	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PUNJABI, RAMESH		NAME	300116457333
STREET ADDRESS	400 US HWY 19 N STE 23		STREET ADDRESS	01/30/08--01032--010 **165.00
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 7/31/07 386-325-8313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1/24/08
per pat Bailey

New Yorkers
400 S State Rd 19 Suite 23
Palatka FL 32177

To,

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS.

REF; SAI BALAJI INC
DEBIT MEMO # B1253-C.
DOCUMENT # P04000100679.

RECEIVED letter dated Dec 28th 07
Few days back, and we have not
receive any Correspondence before this

Please reinstate Corporation.
ENCLOSE $165.00 MONEY ORDER.
I do really appriciate.
THANKS Again.

SAI BALAJI INC
New Yorkers
400 S State Rd 19 Suite 23
Palatka FL 32177

RAMESH. PUNJABI
1-18-08.

WK. 386-325-8313
Cell. 904-315-6796.