

REINSTATEMENT

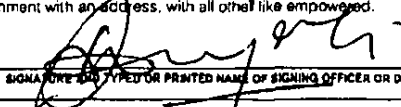
2007 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED

2008 JAN 24 PM 5:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000100679					
1. Entity Name SAI BALAJI, INC.					
Principal Place of Business 400 US HIGHWAY 19 N SUITE F12 PALATKA, FL 32177			Mailing Address 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	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PUNJABI, RAMESH 400 US HWY 19 N SUITE 23 PALATKA, FL 32177				7. Name and Address of New Registered Agent 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 _____ (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 NAME STREET ADDRESS CITY- ST- ZIP	P PUNJABI, RAMESH 400 US HWY 19 N STE 23 PALATKA, FL 32177	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	300116457333 01/30/08--01032--010 **165.00	
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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: 			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 29
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

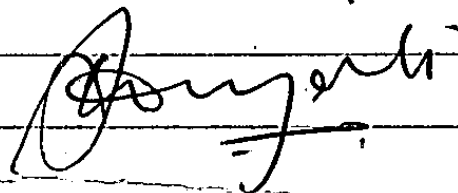
Please reinstate Corporation.
ENCLOSE \$16500 MONEY ORDER.
I do really appreciate.
THANKS Again.

SAI BALAJI INC

New Yorkers
400 S. State Rd 19-Suite 29
Palatka FL 32177

RAMESH. PUNJARI

1-18-08.



WK. 386-325-8313

Cell . 904-315-6796.