

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
**Nov 09, 2006 8:00 A.M.**  
**Secretary of State**

DOCUMENT # P05000115576

1. Entity Name  
JAI KHODIYAR MA, INC.



Principal Place of Business  
427 ANASTASIA BOULEVARD  
ST. AUGUSTINE, FL 32080

Mailing Address  
257 HIGHWAY 17 NORTH  
PALATKA, FL 32177

REINSTATEMENT 06



11032006 REIN-P CR2E098 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-3406572

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GALLETTA, JOHN JR.  
5431 A1A SOUTH  
101  
ST. AUGUSTINE, FL 32080

7. Name and Address of New Registered Agent

Name

NIRAV PATEL

Street Address (P.O. Box Number is Not Acceptable)

427 ANASTASIA BLVD

City

ST. AUGUSTINE FL

Zip Code

32080

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

11-3-06

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, 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

TITLE P, D ☐ Delete  
NAME PATEL, NIRAV  
STREET ADDRESS 257 HIGHWAY 17 NORTH  
CITY-ST-ZIP PALATKA, FL 32177

TITLE VP D ☐ Delete  
NAME PATEL, MAHENDRABHAI  
STREET ADDRESS 257 HIGHWAY 17 NORTH  
CITY-ST-ZIP PALATKA, FL 32177

TITLE T D ☐ Delete  
NAME PATEL, VAISHALI  
STREET ADDRESS 257 HIGHWAY 17 NORTH  
CITY-ST-ZIP PALATKA, FL 32177

TITLE S D ☐ Delete  
NAME PATEL, HANSA  
STREET ADDRESS 257 HIGHWAY 17 NORTH  
CITY-ST-ZIP PALATKA, FL 32177

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 800081650378  
STREET ADDRESS 11/09/06--01036--023 \*\*150.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-3-06