

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 JAN 11 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000009160912

100115203831
01/15/08--01040--009 **300.00

1. Corporation Name

Jay Mahabharat, Inc.

2. Principal Office Address - No P.O. Box #

2277 Byron Butler Pky

3. Mailing Office Address

2277 byron butler Pky

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PERRY FL

City & State

Perry FL

Zip

32348

Country

Zip

32348

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7-20-06

5. FEI Number

20-5230894

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BOWDEN, GARVIN B

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

1300 Thomaswood Dr.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date January 11, 2008

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Bhakta, MAHESH - KUMAR	2086 Hwy 71 south	MARIANNA FL 32448
CEO	Bhakta, MAHESHKUMAR	2086 Hwy 71 south	Marianna FL 32448
DV	Bhakta, Bharatkumar	3705 woodville Hwy	Tallahassee FL 32305
DST	Bhakta, Satishbhai	2277 S. Byron Butler Pky	Perry FL 32348

REINSTATEMENT

01-08

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Shankar Shankar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-9-08 (850) 524-5311

Daytime Phone #