


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b>  08 NOV 17 PM 4:04  SECRETARY OF STATE TALLAHASSEE, FLORIDA  500137791995 11/10/08--01055--011 **1650.00  <b>REINSTATEMENT 98-08</b>	
<b>DOCUMENT # P 94000057381</b>					
<b>1. Corporation Name</b>  JAYANTI PROFESSIONAL CORPORATION					
<b>2. Principal Office Address - No P.O. Box #</b> 6979 SE 12TH CIRCLE Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 6979 SE 12TH CIRCLE Suite, Apt. #, etc.			
City & State OCALA, FL		City & State OCALA, FL			
Zip 34480-6656	Country USA	Zip 34480-6656	Country USA	<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 08/02/1994	
<b>5. FEI Number</b> 59-3250553				Applied For Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>SM.75 Additional Fee required for a Certificate of Status</b>					
<b>7. Name and Address of Current Registered Agent</b> Name JAYANTI J PANCHAL Street Address (P.O. Box Number is Not Acceptable) 6979 SE 12TH CIRCLE Suite, Apt. #, Etc. City OCALA					
		State FL	Zip Code 34480-6656	<input checked="" type="checkbox"/> 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.	
<b>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.</b> Signature of Registered Agent _____ Date <u>10-27-08</u> REGISTERED AGENT MUST SIGN					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
D/P	JAYANTI J PANCHAL	6979 SE 12TH CIRCLE		OCALA, FL 34480-6656	
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>10-27-08</u>		352-854-7444 Daytime Phone #	