

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000040587

1. Entity Name  
JAI JALARAM ENTERPRISES, INC.



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 13 PM 1:10

2. Principal Place of Business  
2580 STATE RD 16  
SAINT AUGUSTINE, FL 32092-0702

Mailing Address  
2580 STATE RD 16  
SAINT AUGUSTINE, FL 32092-0702

REINSTATEMENT 06



10092006 REIN-P CP02E098 (11/05)

4. FEI Number  
65-0668478

Applied For  
Not Applicable  
\$8.75 Additional  
Fee Required

3. Mailing Address  
State, Apt. #, etc.  
City & State  
Zip  
Country

5. Name and Address of Current Registered Agent  
THAKKAR, SANMUKH S  
2580 STATE RD 16  
SAINT AUGUSTINE, FL 32092-0702

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
State  
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: *Thakkar*

FILE NOW! FEE IS \$150.00  
After January 1, 2007, Fee will be \$300.00

10/8/06

## 10. OFFICERS AND DIRECTORS

TITLE	DVB	<input type="checkbox"/> Delete
NAME	THAKKAR, SANMUKH	
STREET ADDRESS	2580 STATE RD 16	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	THAKKAR, PRAVINA	
STREET ADDRESS	2580 STATE RD 16	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

800080830008  
10/13/06--01048--016 \*\*150.00

In accordance with § 607.103(2)(b), F.S., the corporation did not receive the prior notice.

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 business 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: *Thakkar*

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

10/8/06