

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY -6 PM 2:41

**DOCUMENT #** P96000061332

**1. Corporation Name**

JAI INC OF TAMPA

**2. Principal Office Address**

8601 N DALE MARRY

Suite, Apt. #, etc.

**City & State**

TAMPA, FL

**Zip**

33614

**Country**

Hillsborough

**3. Mailing Office Address**

8601 N DALE MARRY

Suite, Apt. #, etc.

**City & State**

TAMPA, FL 33614

**Zip**

33614

**Country**

Hillsborough

**4. Date Incorporated or Qualified  
To Do Business in Florida**

July 22<sup>nd</sup>, 1996

**5. FEI Number**

59-339-0652

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

300019194943

05/16/03--01080--006 \*\*300.00

**7. Name and Address of Current Registered Agent**

**Name**

GIRA. M. PATEL

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

19310, SANDY SPRINGS CIR

**Suite, Apt. #, Etc.**

**City**

LUTZ

**State**

FL

**Zip Code**

33558

**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**

GIRA. M. Patel

REGISTERED AGENT MUST SIGN

**Date** 5/2/03

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
pres	GIRA. M. PATEL	19310, SANDY SPRINGS CIR	Lutz, FL 33558

**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 under section 119.07(3)(i), 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:**

GIRA. M. Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/03

Date

(813) 931 0130

Daytime Phone #

5/13/03  
aw

CR2E081 (10/02)