

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000068491

1. Entity Name
JALARAM OF ORMOND, INC.



FILED

05 OCT 10 PM 1:30

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business
775 SOUTH NOVA ROAD
ORMOND BEACH, FL 32174

Mailing Address
775 SOUTH NOVA ROAD
ORMOND BEACH, FL 32174

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



10072005 REIN-P CR2E098 (6/04)

City & State

4. FEI Number
59-3398637

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, BINA N
775 SOUTH NOVA ROAD
ORMOND BEACH, FL 32174

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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: Bina N. Patel 10-09-05
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME PATEL, BINA N
STREET ADDRESS 775 S. NOVA RD
CITY-ST-ZIP ORMOND BCH, FL

TITLE Change Addition
NAME 500060458206
STREET ADDRESS 10/10/05--01077--023
CITY-ST-ZIP **150.00

TITLE VP Delete
NAME PATEL, NAVIN B
STREET ADDRESS 755 S. NOVA RD
CITY-ST-ZIP ORMOND BEACH, FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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 exemption stated in Section 119.07(3)(i), 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: Bina N. Patel 10-09-05 (386)677-3904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #