


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV -3 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000089615 1. Entity Name SHREEJI INVESTMENTS INC.	
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Principal Place of Business P.O. BOX 2785 10 HICKPOCHEE AVE. LABELLE, FL 33975 US	Mailing Address P.O. BOX 2785 10 HICKPOCHEE AVE. LABELLE, FL 33975 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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REINSTATEMENT

Applied For Not Applicable

4. FEI Number **59-3415563**

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

6. Name and Address of Current Registered Agent PATEL, VIJAYKUMAR N 10 HICKPOCHEE AVE. LABELLE, FL 33975	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 12pt;">FL</div> Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, VIJAYKUMAR N P.O. BOX 2785, 10 HICKPOCHEE AVE. LABELLE, FL <div style="text-align: right; font-size: 10pt;"><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right; font-size: 10pt;"><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right; font-size: 10pt;"><input type="checkbox"/> Delete</div>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right; font-size: 10pt;"><input type="checkbox"/> Delete</div>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right; font-size: 10pt;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div style="text-align: center; font-size: 14pt; font-weight: bold; margin-top: 5px;">300042435383</div> <div style="text-align: center; font-size: 12pt; margin-top: 5px;">11/03/04--01025--019 **150.00</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right; font-size: 10pt;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right; font-size: 10pt;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right; font-size: 10pt;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right; font-size: 10pt;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>

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:  11-01-04 863-675-2333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #