

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P97000015964

02 MAY -6 PM 4:01

1. Corporation Name

JAYARA, INC.

Principal Place of Business

563 WEST OAKLAND PARK BLVD.
OAKLAND PARK FL 33311

Mailing Address

PANKAJ PATEL, CPA

225 N. ARLINGTON HTS. RD. #209

ELK GROVE VILLAGE, IL 60007

TEL: (847) 593-9780



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0737050

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	JAYARA, JAG M	1000 NEREGE ROAD, SUITE 102 225 N. ARLINGTON HTS RD #209	ELK GROVE VILLAGE IL 60007
			200005558502--8
			-05/20/02--01006--029
			****308.75 ****308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAGMOHAN, JAYAKA
563 W OAKLAND PARK BLVD
OAKLAND PARK FL 33311

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/15/2002

11. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/2002 847 895 5501

CR2E040 (8/01)