

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 15 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000034491**

1. Corporation Name

JAY JALARAM, INC

2. Principal Office Address

604 E DUVAL STREET

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

Zip

32055-4056

Country

USA

3. Mailing Office Address

604 E DUVAL STREET

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

Zip

32055-4056

Country

USA

REINSTATEMENT

9901

4. Date Incorporated or Qualified
To Do Business in Florida

4-15-98

5. FEI Number

59-3534111

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RAJNI PATEL

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

604 E DUVAL STREET

Suite, Apt. #, Etc.

City

LAKE CITY

State
FL

Zip Code

32055-4056

300003892879-3

-03/22/01-01065-024

*****1050.00 ***1050.00**

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

P1428

Date **3-5-01**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T/S	RAJNI PATEL	604 E DUVAL STREET	LAKE CITY, FL 32055
3			
1			
			LS

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:

P1428

RAJNI PATEL, PRESIDENT

3-5-01

904 752-0942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #