


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUN 11 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000020519

1. Corporation Name

KAJAL INC.

2. Principal Office Address - No P.O. Box #

2636 TRANSMITTER ROAD

3. Mailing Office Address

1534 THURSO ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRINGFIELD

City & State

LYNN HAVEN

Zip
32404

Country
U.S.A.

Zip
32444

Country
U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

03/01/1999

5. FEI Number

59-3562242

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
RAJENDRA M. PATEL

Street Address (P.O. Box Number is Not Acceptable)
1534 THURSO ROAD

Suite, Apt. #, Etc.

City
LYNN HAVEN

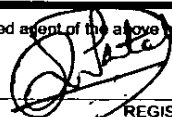
State
FL

Zip Code
32444

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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



REGISTERED AGENT MUST SIGN

Date **04/25/2007**

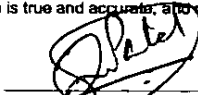
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RAJENDRA M. PATEL	1534 THURSO ROAD	LYNN HAVEN, FL-32444

60102938396
05/21/07--01029--012 **450.00

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 contained in Chapter 119, 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:



RAJENDRA M. PATEL

04/25/2007

850-819-6002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

News

April 26, 2007

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O.BOX 6327
TALLAHASSEE,FL-32314**

DEAR SIR OR MADAM :

**ENCLOSED PLEASE FIND MY APPLICATION OF CORPORATION
REINSTATEMENT AND MY CHECK IN THE AMOUNT OF \$ 450.00.**

**IN 2005, I MAILED MY ANNUAL REPORT AND FEE BUT THE PAPERWORK
APPARENTLY WAS NEVER RECEIVED BY YOUR AGENCY. I WAS UNWARE
THAT MY CORPORATION STATUS WAS FORFEITED AND SINCE I DID NOT
RECEIV A 2006 REPORT FORM, I DID NOT REALIZE THAT I AM RESPONSIBLE
TO MEET MY FILING REQUIREMENTS. HOWEVER, I AM A SMALL BUSINESS
PERSON AND THE PRESSURES OF THE DAILY RUNNING OF MY BUSINESS
KEEP ME SO PRE-OCCUPIED THAT I OVERLOOKED THIS FILING
REQUIREMENT.**

**BASED ON THE FACT THAT THE 2005 REPORT WAS LOST IN THE MAIL
AND I WAS UNWARE OF THE PROBLEM THAT EXISTED AND THAT I WOULD
HAVE RECTIFIED THE PROBLEM HAD I BEEN AWARE OF IT. I AM
REQUESTING THAT MY CORPORATION BEREINSTATED.**

SINCERELY



RAJENDRA M. PATEL