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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

98 NOV 30 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000070276
1. Corporation Name
JANKI ENTERPRISES, INC.

Principal Place of Business Mailing Address
19942 NW 22ND AVENUE
NORTH MIAMI, FL 33169
same



If above addresses are incorrect in any way, line through incorrect information and enter correction below.
2. New Principal Office Address, If Applicable
19942 NW 2ND AVENUE
Suite, Apt. #, etc.
City & State
NORTH MIAMI, FL
Zip
33169
Country
U.S.A.

3. New Mailing Office Address, If Applicable
same
Suite, Apt. #, etc.
City & State
Zip
Country
4. Date Incorporated or Qualified To Do Business in Florida
08/13/97
5. FEI Number
65-0774621
Applied For
Not Applicable
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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D.O.	HITESH MATALIA	19942 NW 2ND AVENUE	NORTH MIAMI, FL 33169

8. Name and Address of Current Registered Agent
HITESH MATALIA
19942 NW 2ND AVENUE
NORTH MIAMI FL 33169

9. Name and Address of New Registered Agent
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: *Hitesh Matalia*
Date: 11/25/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No
Other side of information on intangible tax.

12. 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: *Hitesh Matalia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 11/25/98
Daytime Phone #: (305) 652-7449

CR2E010 (9/99)

2012

Stuart M. Rotman, C.P.A., P.A.

4700 North State Road 7, Suite 208
Fort Lauderdale, Florida 33319-5804

(954)485-1200
(954)485-5006 fax

November 25, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

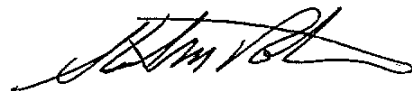
**Re: Janki Enterprises, Inc.
Document # P97000070276
1998 Corporate Annual Report filing**

To Whom It May Concern:

The above-referenced corporation never received their Corporate Annual Report renewal notice due to an error in the address of the corporation. We are enclosing an application for Reinstatement and a check for \$150.00, pursuant to our telephone conversation with your office. We ask that all late fees be waived. Thank you for your cooperation in this matter.

If you have any questions, please feel free to contact our office.

Very truly yours,



Stuart M. Rotman
Certified Public Accountant

SR/tkh