

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

146

98 NOV 30 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 22ND AVENUE

3. New Mailing Office Address, If Applicable  
same

4. Date Incorporated or Qualified  
To Do Business in Florida

08/13/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0774621

Applied For

Not Applicable

City & State  
NORTH MIAMI, FL

City & State

Zip  
33169

Country  
U.S.A.

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)

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

600002707406--5  
-12/09/98--01072--002  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HITESH MATALIA  
19942 NW 2ND AVENUE  
NORTH MIAMI FL 33169

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*

REGISTERED AGENT MUST SIGN

Date 11/25/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

*[Signature]*  
Other state 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

11/25/98

Date

(305) 652-7449

Daytime Phone #

CR2E010 (9/98)

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

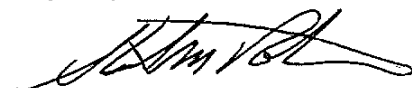
**Re: Janki Enterprises, Inc.  
Document # P97000070276  
1998 Corporate Annual Report filing**

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