

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 DEC 13 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F02000001886

1. Corporation Name

JANUS ET CIE INCORPORATED

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

8687 MELROSE AVE.

Suite, Apt. #, etc.

STE B-193

City & State

WEST HOLLYWOOD, CA

Zip

90069-5052

Country

USA

3. Mailing Office Address

12310 GREENSTONE AVE.

Suite, Apt. #, etc.

City & State

SANTA FE SPRINGS, CA

Zip

90670

Country

USA

000113217910  
12/18/07--01016--003 \*\*308.75

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

4/16/2002

5. FEI Number

953150326

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

FLORIDA FILING & SEARCH SERVICES

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

155 OFFICE PLAZA DR.

Suite, Apt. #, Etc.

SUITE A

City

TALLAHASSEE

State

FL

Zip Code

32302



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

*R. D. Hodge*

Date

12/13/07

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
PRESIDENT	JANICE FELDMAN	8687 MELROSE AVE., STE B193	WEST HOLLYWOOD, CA 90069
COO	PAUL WARREN	12310 GREENSTONE AVE.	SANTA FE SPRINGS, CA 90670
CFO	GREG BUSCHER	12310 GREENSTONE AVE.	SANTA FE SPRINGS, CA 90670

**REINSTATEMENT**

*RLK*

12-07

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.

GREG BUSCHER

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*GB*

12/13/07  
Date

310 610 2958  
Daytime Phone #