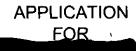
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PAGE IN L





FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

F18783

1. Corporation Name

JANSE CORPORATION

Principal Place of Business

Mailing Address

2630 NW 37 STREET MIAMI FL 33142 2630 NW 37 STREET MIAMI FL 33142 FILED

00 OCT 26 PM 2: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above a	ddresses are	incorrect in any way, line thro	uah incorrect in	formation and	d enter correction below.				
2. New Prin	ncipal Office /	Address, If Applicable W. 22 P. Ave	3. New Maili	ng Office Add	ress If Applicable .W. ZZ≝ A	4. Date Incorp To Do Busin	orated or Qualified tess in Florida	.02/09/1981.	
MIAMI FLORIDA			City & State	MIAMI, FLORIPA		5. FEI Number 59-2297985		Applied For Not Applicab	
Zip	<u> </u>	Country	Zip		Country	_ ·	OF STATUS DESIRED	\$8.75 Additional Fee requi for a Certificate of Status	
7. Names a	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonprofit	corporations must list at lea	ast 3 directors)			
Title(s)	2	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		City	/ State / Zip	
P	MAYA, JANSE			OCEAN PAV 5601 COLL AVE APT 818		MIAMI BEACH FL 33140			
								<u> </u>	
						8C	000346 -11/15/00 ****150.0	36482 -01013021 0 ****150.00	
· ·							DOUBI	2 -	
8. Name and Address of Current Registered Age				ent	9. Name and Address of New Registered Agent				
MAYA, JANSE OCEAN PAVILLION 5501 COLLINS AVE APT 818 MIAMI BEACH FL 33140					Street Address (Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
10. I, being	g appointed th	ne registered agent of the abo	ve named corpo	oration, am fa	miliar with and accept the c	obligations of Sect		<u> </u>	
Signature o		SIONA.	TURE	RE	QUIRED		Date Oct	19 2000	

11. 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 filling 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:

SIGNATURE REQUIRED SIGNAR OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

Oct. 19 Z000

Page 20te

and the same of

Janse Corporation 3620 N.W.22nd Avenue Miami, Florida 33142

October 19, 2000

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

RE: DOCUMENT F18783

Dear Sir or Madame:

Enclosed is the above referenced document along with the correct address and \$150.00 Annual reporting fee.

I spoke with Michelle from your office at 850-487-6059 option 2 today. I explained that the principal place of business had moved and we had never received the year 2000 corporation annual report. She checked and confirmed that they had received the original mailing back from the post office.

She advised me to return the reinstatement along with the correct address and \$150.00. Also to ask you to waive the additional reinstatement fees as we never got your original notice to us.

Thanking you for your prompt attention to this matter. Unless I hear from you otherwise I will assume this situation to be resolved. Thanks again.

Respectfully,

Janse Maya

Registered Agent for Janse Corporation