

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

1. Corporation Name

# Jane Corporation

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

16043 NW 83rd Court

Suite, Apt. #, etc.

### 3. Mailing Office Address

same

Suite, Apt. #, etc.

City &amp; State

**Miami Lakes, Florida**

City &amp; State

Zip

33016

Country

USA

**Zip**

Country

7. Name and Address of Current Registered Agent

Name \_\_\_\_\_

**Mauro Sanchez**

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

16043 83 Court

Suite, Apt. #, Etc.

City

**Miami Lakes,**

State

FL

**Zip Code**

33016

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 \_\_\_\_\_

Signature of  
Registered Agent

Date **February 22, 2010**

**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
Chairman	<b>Mauro Sanchez</b>	<b>16043 NW 83 Court</b>	<b>Miami Lakes, Fl 33016</b>
<b>CEO</b>	<b>Juanita Canal</b>	<b>16043 NW 83 Court</b>	<b>Miami Lakes, Fl 33016</b>
Secretary	<b>Elizabeth Sanchez</b>	<b>16043 NW 83 Court</b>	<b>Miami Lakes, Fl 33016</b>
			<b>M-MILLIGAN EXAMINER</b>
			<b>FEB 25 2010</b>

10. **E-mail Address:** JaneCanal@aol.com

(To be used for future annual report notification)

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 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. I further certify, 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:**

~~Mauro~~ Sanchez

02/22/210

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #