

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARISH

FILED

06 MAY 25 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M43806

1. Corporation Name

Janus & Hill Corporation

2. Principal Office Address

11320 Fortune Circle

Suite, Apt. #, etc.

Suite G-17

City & State

Wellington, Florida

Zip

33414

Country

U.S.

3. Mailing Office Address

11320 Fortune Circle

Suite, Apt. #, etc.

Suite G-17

City & State

Wellington, Florida

Zip

33414

Country

U.S.

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/86

5. FEI Number

59-2755028

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

Monica B. Hill

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

3355 Santa Barbara Drive

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

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

Monica B Hill

Date 5/23/06

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
PD	Monica B. Hill	3355 Santa Barbara Drive	Wellington, FL 33414
SD	Greggory A. Hill	3355 Santa Barbara Drive	Wellington, FL 33414
VD	Greggory A. Hill	3355 Santa Barbara Drive	Wellington, FL 33414

REINSTATEMENT

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.

SIGNATURE:

Monica B Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/06 (601) 798-3832

Date

Daytime Phone #

JANUS & HILL CORPORATION

General Contractors

CGC 038486

May 23, 2006

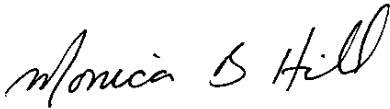
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Corporation Reinstatement – Waiver of the Reinstatement Fee
Document #M43806

To Whom It May Concern:

I have enclosed an application for Corporation Reinstatement and a check in the amount of \$458.75. In May of 2003, we relocated our office and therefore we did not receive our renewal notices. I hereby request for a waiver of the reinstatement fee due to non-receipt of the prior notices. Please contact me if you have any questions regarding this matter.

Sincerely,
JANUS & HILL CORPORATION



Monica B. Hill
President

attachment