


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00000044417**

1. Corporation Name

JANICE BROWN, INC.

Principal Place of Business

457 SANTA ANNA DRIVE
PALM SPRINGS FL 33461

Mailing Address

457 SANTA ANNA DRIVE
PALM SPRINGS FL 33461

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/2000

5. FEI Number

65-1004329

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BROWN, JANICE	457 SANTA ANNA DRIVE	PALM SPRINGS FL 33461

8. Name and Address of Current Registered Agent

BROWN, JANICE
457 SANTA ANNA DRIVE
PALM SPRINGS FL 33461

9. Name and Address of New Registered Agent

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

Janice Brown

REGISTERED AGENT MUST SIGN

Date

10/23/01

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 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:

Janice Brown *Janice Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/01 561-464-
6123

Daytime Phone

CR2E040 (8/01)

C. R. COOPER, CPA, PA
5350 10TH AVENUE NORTH, SUITE 8
LAKE WORTH, FL. 33463

American Institute of
Certified Public Accountants

Florida Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

FAX (561) 433-3596

October 19, 2001

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Corporation: JANICE BROWN, INC.
Document #: POOOOOO44417
Re: 2001 Uniform Business Report


To Whom It May Concern:

Janice Brown, Inc. did not receive the first notice of the 2001 Uniform Business Report that they needed to file by May 1, 2001 or the second notice. Since the corporation is a new corporation formed on May 3, 2000 they were not aware that they needed to file a Uniform Business Report by May 1st.

Therefore, we are requesting that they be allowed to file the Uniform Business Report now with the original fee of \$150.00. Please find enclosed the signed Report plus the corporation's check in the amount of \$150.00.

Should there be any problem or if you need further information, please contact our office. Thank you for your prompt attention to this matter.

Sincerely,


C. R. Cooper, CPA

Clf

Encl.