

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 10 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000021320

1. Corporation Name
J.A.N.E.S., Inc.

2. Principal Office Address
5025 241st Street East

Suite, Apt. #, etc.

City & State
Myakka City, FL

Zip 34251 **Country** U.S.

3. Mailing Office Address
5025 241st Street East

Suite, Apt. #, etc.

City & State
Myakka City, FL

Zip 34251 **Country** U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida** 02/25/2002

5. FEI Number ☐ **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 500056035145

Name
Joseph L. Najmy

06/10/05--01080--002 **45U.00

Street Address (P.O. Box Number is Not Acceptable)
6320 Venture Dr.

Suite, Apt. #, Etc.
Suite 104

City
Bradenton

State FL **Zip Code** 34202

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**

REGISTERED AGENT MUST SIGN

Date 6/3/05

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
P/D	Nanette W. Hager	10668 Old Grove Cir.	Bradenton, FL 34212
V/S/T/E	Lise C. Blanton	5025 241st Street East	Myakka City, FL 34251

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6/3/05

Daytime Phone #

CR2E081 (01/05)

J.A.N.E.S., Inc.
Lise C. Blanton, Vice President
5025 241st Street East
Myakka City, FL 34251

May 20, 2005

Department of State
Division of Corporations
409 East Gains St.
Tallahassee, FL 32314

RE: Waiver of Reinstatement Fee for J.A.N.E.S., Inc.


Dear Sir or Madam:

This letter is to inform you that we did not receive a notice to file an annual report for 2003 or any subsequent year relating to J.A.N.E.S., Inc. We are respectfully requesting that the \$600.00 reinstatement fee be waived.

Enclosed please find a check payable to the Department of State in the amount of \$450.00 for the Annual Report Fee and Corporate Supplemental Fee for the years of 2003, 2004, and 2005. If there are any complications or further questions, please do not hesitate to contact me.

Thank you.

Sincerely,



Lise C. Blanton, Vice President