



2006 FOR PROFIT CORPORATION REINSTATEMENT.

DOCUMENT # P02000101395						FILED 06 MAY -1 PM 2:22 COUNTY CLERK MIAMI, FLORIDA	
1. Entity Name JANEL JANAC CORP.							
Principal Place of Business 12545 NW 10TH AVENUE MIAMI, FL 33168				Mailing Address 12545 NW 10TH AVENUE MIAMI, FL 33168			
2. Principal Place of Business <i>12545 NW 10th Ave</i>		3. Mailing Address <i>12545 NW 10th Ave</i>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252006 REIN-P 0506 CR2E098 (11/05)			
City & State <i>Miami FL</i>		City & State <i>Miami FL</i>		4. FEI Number 11-3653412		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>33168</i>	Country	Zip <i>33168</i>	Country <i>US</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name <i>JANAC JANEL</i> Street Address (P.O. Box Number is Not Acceptable) <i>12545 NW 10th Ave</i> City <i>Miami</i> <i>FL</i> Zip Code <i>33168</i>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE: <i>JANEL JANAC</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <i>04/25/2006</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JANAC, JANEL 12545 NW 10TH AVENUE MIAMI, FL 33168			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>NTS/s</i>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900074338669 05/10/06--01022--027 **300.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>JANEL JANAC</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <i>04/25/2006</i> <small>Daytime Phone #</small>			