


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000146524 1. Entity Name JANVAD, INC	
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Principal Place of Business 126-52 NW 6TH COURT CORAL SPRINGS, FL 33071 US	Mailing Address 126-52 NW 6TH COURT CORAL SPRINGS, FL 33071 US
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2. Principal Place of Business JANVAD INC. Suite: 4822 NW 2 AVE Boca Raton FL Zip: 33431 Country: USA	3. Mailing Address JANVAD INC. Suite, Apt. #, etc. 4822 NW 2 AVE City & State Boca Raton FL Zip: 33431 Country: USA
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FILED

05 DEC 13 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10062005 REIN-P CR2E098 (6/04)

4. FEI Number 201792158	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PUSTILNIK, ZHANNA 126-52 NW 6TH COURT CORAL SPRINGS, FL 33071	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	PUSTILNIK, ZHANNA
STREET ADDRESS	126-52 NW 6TH COURT
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	VP <input type="checkbox"/> Delete
NAME	TSVEYER, VADIM
STREET ADDRESS	2000 NW 105 LANE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	700062120997
STREET ADDRESS	12/13/05--01036--014 **150.00
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT 2005

12/14

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: Zhanua Pustilnik 12/5/05 9549377662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #