2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTAYEMENT) ALEL	
DOCUMENT # P0500011! 1. Entity Name	5140			a di	
JANVESTMENTS, INC.				06 00T 31 PY L;	
Principal Place of Business	Mailing Address			1	
2637 SE EMMETT ROAD	667 E. BIG BEAVER				
PORT SAINT LUCY, FL 34952 US	SUITE 201 Troy, Mi 48083 U	JS		A COMPANY OF THE ORDER OF THE ORDER DOUBLE BOOK HERE HERE WITH HERE HERE HERE	
2. Principal Place of Business	3. Mailing Address 1341 KNOLLC	REST CIR	CT.E		
Suite, Apt. #, etc. Suite, Apt. #, etc.			1	EIASTATEMENT DOB (11/05) OC	
City & State City & State BLOOMFIELD HI		HILIS. M		4. FEI Number Apptied Fox Apptied Fox Not Applicable	
Zip Country	Zip 48304	Country OAKLAN		5 Certificate of Status Desired \$8.75 Additional	
6. Name and Address of Curren		UAKLAN	<u> </u>	7. Name and Address of New Registered Agent	
		Nai	me	1 11 11 11 11 11 11 11 11 11 11 11 11 1	
GERTZ, MICHAEL 2637 SE EMMETT ROAD		Stre	eet Address	(P.O. Box Number is Not Acceptable)	
PORT SAINT LUCY, FL 34952					
		City	у	FL Zip Code	
The above named entity submits this statement the obligations of registered agent.	for the purpose of changing it	s registered offi	ice or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept	
Il inchall t	LIZ MI	ICHAEL	GERTZ	, Registered Agent	
SIGNATURE Synonore, typed or printed name of requistered ager				uired when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00				In accordance with s. 607.193(2)(b), F.S., the	
After January 1, 2007, Fee will be \$300.	.00			corporation did not receive the prior notice.	
10. OFFICERS AND	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P JANISSE, JAY R	☐ Delete	TITLE NAME		Change ☐ Addition	
TREET ADDRESS 620 HAWKSMOORE DRIVE		STREET ADD		41 KNOLLCREST CIRCLE	
ITY-ST-ZIP CLARKSTON, MI 48348		CITY-ST-ZIF	BLA	COMFIEID HILLS, MI 48304	
VP VAME GERTZ, MICHAEL	☐ Delete	TITLE NAME		Change Addition	
STREET ADDRESS 2637 SE EMMETT ROAD		STREET ADD		300081370333 10/31/0601033021 **150.00	
PORT SAINT LUCY, FL 34952		CITY-ST-ZII	P	A	
TITLE S VAME JANISSE, JAY R	L.) Dolete	TITLE NAME		Ç Ç Change	
STREET ADDRESS 629 HAWKSMOORE DRIVE		STREET ADD	I	41 KNOLLCREST CIRCLE	
CLARKSTON, MI 48348	Delete	CITY-SI-ZII	BIY	Change Addition	
NAME.	CT Delete	NAME			
STREET ADDRESS		STREET ADD	1		
IITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME Street Address		NAME STREET ADD	DRESS		
		CITY-ST-ZI			
CITY-ST-ZIP	☐ Delete	TITLE		Change Addition	
CITY-ST-ZIP ITTLE HAME	☐ Delete	TITLE NAME STREET ADE	DRESS	Change Addition	
CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADE CITY-ST-ZI	IP.		
CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied we indicated on this report or supplier herital report of the composition or the reference of the composition or the reference.	with this filling does not qualify to its true and accurate and that the provered to execute this reco	NAME STREET ADE CITY-ST-ZI for the exempti t my signature s	ions containe	change Addition ded in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director for, Florida Statutes; and that my name appears in Block 10 or Block 11 if	
ITY-ST-ZIP ITHEE IAME ITHEET ADDRESS ITY-ST-ZIP 12. I hereby certify that the information supplied we indicated on this report or supplied entail report	with this filing does not qualify this true and accurate and that apowered to execute this repo s, with all other like empowers	NAME STREET ADE CITY-ST-ZI for the exempti t my signature s ort as required b	ions containe shall have the by Chapter 6	ed in Chapter 119, Florida Statutes. I further certify that the information	

OR SAME AND ACT 3 1 2006