

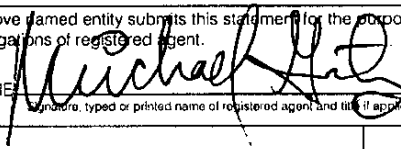
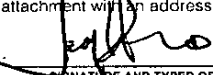


## 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000115140</b> 1. Entity Name <b>JANVESTMENTS, INC.</b>						FILED 06 OCT 31 PM 4: 24 DA	
Principal Place of Business <b>2637 SE EMMETT ROAD PORT SAINT LUCY, FL 34952 US</b>			Mailing Address <b>667 E. BIG BEAVER SUITE 201 TROY, MI 48083 US</b>			 <b>REINSTATEMENT</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1341 KNOLLCREST CIRCLE</b> Suite, Apt. #, etc.		20098 (11/05) <i>06</i>			
City & State BLOOMFIELD HILLS, MI		4. FEI Number <b>20-3334202</b>		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>48304</b>	Country <b>OAKLAND</b>	6. Name and Address of Current Registered Agent <b>GERTZ, MICHAEL 2637 SE EMMETT ROAD PORT SAINT LUCY, FL 34952</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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:  <b>MICHAEL GERTZ, Registered Agent</b> (NOTE: Registered Agent signature required when reinstating)							
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00</b>				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: P <input type="checkbox"/> Delete NAME: JANISSE, JAY R STREET ADDRESS: <del>620 HAWKSMOORE DRIVE</del> CITY-ST-ZIP: <del>CLARKSTON, MI 48348</del>		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 1341 KNOLLCREST CIRCLE CITY-ST-ZIP: BLOOMFIELD HILLS, MI 48304		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 300091370333 CITY-ST-ZIP: 10/31/06--01033--021 **150.00		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 1341 KNOLLCREST CIRCLE CITY-ST-ZIP: BLOOMFIELD HILLS, MI 48304	
TITLE: VP <input type="checkbox"/> Delete NAME: GERTZ, MICHAEL STREET ADDRESS: 2637 SE EMMETT ROAD CITY-ST-ZIP: PORT SAINT LUCY, FL 34952		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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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, 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: 				<b>JAY R. JANISSE, PRESIDENT</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date				Daytime Phone #			

OCT 31 2006