

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 29 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05 000140399**

1. Corporation Name

JANJEN, INC

2. Principal Office Address - No P.O. Box #

**2326 DEL PRADO BWS
CAPE CORAL FL 33990**

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

Zip

33990

Country

USA

3. Mailing Office Address

**2326 DEL PRADO BWS
CAPE CORAL FL 33990**

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

Zip

33990

Country

USA

REINSTATEMENT 07-08

4. Date Incorporated or Qualified
To Do Business in Florida

11/05

5. FEI Number

07032006

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

Name

JUDITH ANN NEW

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

1513 NE 16th PLACE

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33909

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Judith Ann New

Date **Jan 21, 2008**

REGISTERED AGENT MUST SIGN

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	JUDITH ANN NEW	2326 DEL PRADO BWS	CAPE CORAL FL 33990
VP/T	JUDITH ANN NEW	"	" "
S	JUDITH ANN NEW	"	" "
	\$71/30		

000116303570
01/29/08--01005--016 **308.75

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 contained in Chapter 119, 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:

Judith Ann New

JUDITH ANN NEW

Date

01/21/08

Daytime Phone #

239.443-1568