

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

06 SEP 29 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000075966

1. Entity Name  
JAN INVESTMENT GROUP, INC.



Principal Place of Business  
45309 MICKLER ST.  
CALLAHAN, FL 32011

Mailing Address  
PO BOX 455  
CALLAHAN, FL 32011

3/16/06 90243 024 \$150.00



09222006 REIN-P CR2E098 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3222851

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMPTON, R NIEL  
45309 MICKLER ST  
CALLAHAN, FL 32011

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME HAMPTON, R NIEL  
STREET ADDRESS 45309 MICKLER STREET  
CITY-ST-ZIP CALLAHAN, FL 32011

TITLE ☐ Change ☐ Addition  
NAME 900080313549  
STREET ADDRESS 09/29/06--01067--025  
CITY-ST-ZIP \*\*\$600.00

TITLE D ☐ Delete  
NAME WHITTY, JENNIFER H  
STREET ADDRESS 45309 MICKLER STREET  
CITY-ST-ZIP CALLAHAN, FL 32011

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME REINSTATEMENT  
STREET ADDRESS 06 DEC  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: R. Niel Hampton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/04 9048791475  
Date Daytime Phone #