

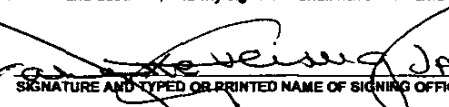


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Corporation Name Janesco Inc P95000013544			
<b>2. Principal Office Address</b> 323 Mountain Drive Suite, Apt. #, etc. #5/6 City & State Destin, Florida Zip 32541 Country Okaloosa		<b>3. Mailing Office Address</b> 823 Kell-Aire Court Suite, Apt. #, etc. City & State Destin, Florida Zip 32541 Country Okaloosa	
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <b>5. FEI Number</b> 593294248 <b>Applied For</b> <input type="checkbox"/> Not Applicable <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$2.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b> Name Janette V Geisinger Street Address (P.O. Box Number is Not Acceptable) 823 Kell-Aire Court Suite, Apt. #, Etc. City Destin State FL Zip Code 32541 100054215721 05/10/05--01068--008 **1050.00			
<b>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.</b> Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 3/28/05			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P	Janette V Geisinger	823 Kell-Aire Court	Destin, FL 32541
VP	George Geisinger	823 Kell-Aire Court	Destin, FL 32541
T	Sonya C Markham (Nee Geisinger)	841 Kell-Aire Drive	Destin, FL 32541
<b>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 under section 119.07(3)(i), 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.</b> <b>PRESIDENT</b> <b>SIGNATURE:</b>  <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> Date 3/28/05 Daytime Phone # 850-837-9685			

FILED

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SECRET  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

CR2E001 (01/05)