

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2008 APR 18 PM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000062655

**1. Corporation Name**

JANAICO, INC.

**2. Principal Office Address**

2033 W. Flagler St.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip  
33135

Country  
USA

**3. Mailing Office Address**

10851 SW 2 Street

Suite, Apt. #, etc.

Apartment 201

City & State

Miami, Florida

Zip  
33174

Country  
USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/24/1996

**5. FEI Number**

65-0702475

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

07-08

**7. Name and Address of Current Registered Agent**

Name

GLORIA REY

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

10851 SW 2 Street Apt.201

Suite, Apt. #, Etc.

Apartment 201

City

Miami

State  
FL

Zip Code  
33174

**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

*Gloria Rey*

REGISTERED AGENT MUST SIGN

Date 4/17/2008

**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
DP	GLORIA REY	10851 SW 2 St. Apt.201	Miami, Florida 33174

100124337431  
04/18/08--01026--002 \*\*300.00

**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.

SIGNATURE:

*Gloria Rey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2008 (305) 631-0494

Date

Daytime Phone #

CR2E081 (01/05)

4/18/08