

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 23 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 799000016568

1. Corporation Name

JANECO, INC.

2. Principal Office Address

9420 N.W. 13TH ST.

Suite, Apt. #, etc.

City & State

PLANTATION FL.

Zip

33322

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2/19/1999

5. FEI Number

52-2147364

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

JOHN P. DONOFRIO

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

9420 N.W. 13TH ST.

Suite, Apt. #, Etc.

PLANTATION FL. 33322

City

State

FL

Zip Code

800004192258-6

05/10/01-01011-010

\*\*\*300.00 \*\*\*300.00

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

REGISTERED AGENT MUST SIGN

Date

4/17/01

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	John Donofrio	9420 N.W. 13TH ST.	Plantation, FL 33322

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN DONOFRIO

HOME 954 916-8693

WORK 954-777-3101

Date

Daytime Phone #

CR2E081 (9/00)