

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 AM 9:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03



90002477219
11/06/03--01027--001 **150.00

DOCUMENT # P02000095122

1. Corporation Name

JEFFERSON OAK, INC.

Principal Place of Business

Mailing Address

4242 GARIBALDI AVENUE
JACKSONVILLE FL 32210

P O BOX 63
JACKSONVILLE FL 32210

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4330 Appleton AVE.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/2002

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

5. FEI Number

16-1625402

Applied For

Not Applicable

Zip

32210

Country

US

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FOX, JOHN D III	4242 GARIBALDI AVENUE	JACKSONVILLE FL 32210
VP	Justin R. Holecsek	833 SEDON CAVE WAY	Tampa, FL 33602

8. Name and Address of Current Registered Agent

FOX, JOHN D III
4242 GARIBALDI AVENUE
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/4/03

11. 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] John D. Fox III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/03

Daytime Phone #

904 545 4836

CR2E040 (7/03)



JEFFERSON OAK

PO Box 63, Ortega Station
Jacksonville, Florida 32210
Ph: 904.545.4836
Ex: 904.389.0702

November 4, 2003
Glenda E. Hood
Secretary of State
Florida Department of State
Division of Corporations
PO. Box 6327
Tallahassee, Florida 32314

Dear Ms. Hood:

To my knowledge Jefferson Oak, Inc. did not receive the prior uniform business report notices. Please reinstate Jefferson Oak to an "active" status so that we may continue operations. Thank you for your help in resolving this matter.

Regards,

John D. Fox III
President