

Mar. 24, 1997 2:29PM CHARLEE PORGES ET AL them
REINSTATEMENT Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015091

1. Corporation Name

JACOBSON GROUP - U. PARKWAY, INC.

H970000 551379 P. 2
APPROVED
AND
FILED

1997 MAR 24 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
% TIMOTHY A. KNOWLES
1205 MANATEE AVE. WEST
BRADENTON FL 34205

Mailing Address
% TIMOTHY A. KNOWLES
1205 MANATEE AVE. WEST
BRADENTON FL 34205

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

2. New Principal Office Address, if Applicable
c/o Jacobson Group, Inc.
Suite, Apt. #, etc.
1223 Appleton Road
City & State
Manasha, Wisconsin 53726
Zip
54952
Country
USA

3. New Mailing Office Address, if Applicable
c/o Jacobson Group, Inc.
Suite, Apt. #, etc.
1223 Appleton Road
City & State
Manasha, Wisconsin 53726
Zip
54952
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
02/22/1995

5. FEI Number
65-0559872

6. CERTIFICATE OF STATUS DESIRED ☒ 5075 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)

TIME	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/T/D	Michael J. Jacobson	c/o Jacobson Group, Inc. 1223 Appleton Road	Manasha, Wisconsin 95452
S	Marjorie Jacobson	same as above	
VP/AS	Kurt Jacobson	same as above	
VP	Eric Jacobson	same as above	
VP	Joseph Jacobson	same as above	

8. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
Timothy A. Knowles
Street Address (P.O. Box Number is Not Acceptable)
1205 Manatee Avenue West
Suite, Apt. #, etc.

City
Bradenton
State
FL
Zip Code
34205

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0408, F.S.

Signature of Registered Agent
[Signature]
REGISTERED AGENT MUST SIGN

Date
3/20/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 118.07(3)(f), 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]
MICHAEL J. JACOBSON, President

FOR FILING 97 617-492-7104

Prepared by and return to:
Timothy A. Knowles, Esquire
1205 Manatee Avenue West
Bradenton, Florida 34205
PEA BAR # 348181
(941) 748-3770
(941) 746-4160 (fax)

H97000004779

Mar. 24. 1997 2:29PM

HARLLEE PORGES ET AL

No. 5513 P. 02

(2)

#P95C00015091

3/24/97

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

2:07

((H97000004779 9))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: HARLLEE, PORGES, HAMLIN & HAMRICK, P.A.

ACCT#: 076077002227

CONTACT: LINDA JONES

PHONE: (941)748-3770

FAX #: (941)746-4160

NAME: JACOBSON GROUP - U. PARKWAY, INC.

AUDIT NUMBER.....H97000004779

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..1

PAGES..... 1

CERT. COPIES.....0

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** ENTER 'M' FOR MENU. **

3/24/97

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2:07

--- INQUIRY FUNCTIONS ---

1. ELECTRONIC FILING INQUIRY BY ACCOUNT NUMBER
2. ELECTRONIC FILING INQUIRY BY REQUEST DATE (MM/DD/YY)
3. ELECTRONIC FILING INQUIRY BY CORPORATE NAME
4. ELECTRONIC FILING INQUIRY BY DOCUMENT TYPE
5. ELECTRONIC FILING INQUIRY BY FAX AUDIT NUMBER

--KEY--

NO KEY

REQUEST DATE

CORPORATE NAME

DOCUMENT TYPE

FAX AUDIT NUMBE

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RETURN TO ELECTRONIC FILING REQUEST MENU

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ENTER SELECTION NUMBER, 1 THRU 6, A BLANK AND THE KEY (IF REQUIRED).