



2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 470408 1. Entity Name JER-BE-LOU DEVELOPMENT CORPORATION, INC.						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">12 SEP 13 AM 10:10</div> <div style="font-size: 1.2em;">TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 56 JER-BE-LOU BLVD PANACEA, FL 32346				Mailing Address PO BOX 608 PANACEA, FL 32346			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DICKSON, WALTER B 97 N. LAKE ELLEN LANE CRAWFORDVILLE, FL 32327				Name <u>Dickson, Walter B.</u> Street Address (P.O. Box Number is Not Acceptable) <u>56 Jer-BE-LOU BLVD</u> City <u>PANACEA</u> <u>FL</u> Zip Code <u>32346</u>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE <u>Walter B. Dickson</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>10-12</u>							
FILE NOW!!! FEE IS \$900.00				REINSTATEMENT			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD DICKSON, WALTER B 56 JER-BE -LOU BLVD PANACEA, FL 32346 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD DICKSON, W. BRENT 56 JER-BE-LOU-BLVD PANACEA, FL 32346 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.2em;">000239569800</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">09/13/12--01006--002 **2700.00</div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter B. Dickson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE
E-MAIL ADDRESS