

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

NOV 12 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 521648

1. Corporation Name

JACKSON ENTERPRISES, INC.

Principal Place of Business

8961 NORTH MILITARY TRAIL
LAKE PARK FL 33410

Mailing Address

8961 NORTH MILITARY TRAIL
LAKE PARK FL 33410
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/1977

5. FEI Number

50-1712635

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	JACKSON, JOSEPH E	16186 78TH DR N	PALM BEACH GARDENS FL
SD	JACKSON, BLANCHE L	16186 78TH DR N	PALM GARDENS FL
VP	CHAVEZ, JIMMY V	16186 78TH DR. N.	PALM BCH. GARDENS FL
T	CHAVEZ, MARTHA L	16186 78TH DR. N.	PALM BCH. GARDENS FL
			3000002000753--8 -11/19/96--01159--021 ***\$375.00 ***\$375.00

8. Name and Address of Current Registered Agent

JACKSON, JOSEPH E.
8961 NORTH MILITARY TRAIL
LAKE PARK FL

9. Name and Address of New Registered Agent

Name Martha L. Chavez
Street Address (P.O. Box Number is Not Acceptable)
8961 N. Military Trail
Suite, Apt. #, Etc.
City Lake Park
State FL Zip Code 33410

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.

Signature of
Registered Agent

Martha L. Chavez

REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-1-96

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 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:

Martha L. Chavez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-96

(561) 845-0546
Daytime Phone