PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # **539223**

01 OCT 17 PM 7: 04

1. Corporation Name

JACKSON AGENCY, INC.

Principal Place of Business	Mailing Address
2075 W 76TH ST P O BOX 110310 HIALEAH FL 33010-7310	2075 W 76TH ST P O BOX 110310 HIALEAH FL 33010-7310

REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida **07/13/1977**	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number **59-1749207**	Applied For
City & State	City & State		Not Applicable
Zip	Country	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
PD	JACKSON, THOMAS E.	2680 PALMER PLACE	FT. LAUDERDALE FL
S	JACKSON, BARBARA J.	2680 PALMER AVE	FT LAUDERDALE FL
			0000004661340---2 -10/31/01--01064--008 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JACKSON, THOMAS E. 2075 WEST 76TH STREET, SUITE 1 HIALEAH FL 33016	Name EDWARD P. JACKSON Street Address (P.O. Box Number is Not Acceptable) 2075 WEST 76 ST Suite, Apt. #, Etc. City Hialeah State FL Zip Code 33016

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.

AD

Signature of Registered Agent _____ Date 10/10/2001

REGISTERED AGENT MUST SIGN

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: _Barbara Jackson for Barbara JACKSON_   10/10/01   305-824-3464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E040 (8/01)