

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 7:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 539223

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

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



REINSTATEMENT 02

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. PET Number

59-1749207

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	JACKSON, THOMAS E.	2680 PALMER PLACE	FT. LAUDERDALE FL
S	JACKSON, BARBARA J.	2680 PALMER AVE	FT LAUDERDALE FL

400008763554  
11/01/02--01097--010 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACKSON, EDWARD P  
2075 WEST 76TH STREET  
HIALEAH FL 33016

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*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

*10/26/02*

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*10/26/02*

*(305) 824-3444*

CR2640 (8/02)