

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 539223

1. Entity Name
JACKSON AGENCY, INC.



05 JUL 28 AM 9:51

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

Mailing Address
**2075 W 76TH ST
P O BOX 110310
HIALEAH, FL 33010-7310**

2. Principal Place of Business
**2075 W 76TH ST
P.O. Box 160340**

3. Mailing Address
**2075 W 76TH ST
P.O. Box 160340**

Suite, Apt. #, etc.
Hialeah, FL

City & State
Hialeah, FL

Zip
33016

Country
USA

REINSTATEMENT 04-05



4. FEI Number
59-1749207

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**JACKSON, EDWARD P
2075 WEST 76TH STREET
HIALEAH, FL 33016**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City
FL Zip Code

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: (NOTE: Registered Agent signature required when reinstating)

DATE: **7/26/05**

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, THOMAS E. 2680 PALMER PLACE FT. LAUDERDALE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500058018605 07/28/05--01050--006 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, BARBARA J. 2680 PALMER AVE FT LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemption stated in Section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **7/26/05** Daytime Phone #: **(305) 824-3464**