
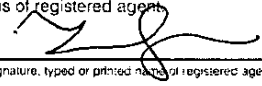
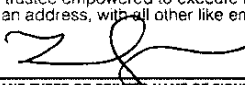


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 539223 1. Entity Name JACKSON AGENCY, INC.																																																																																																													
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 Suite, Apt. #, etc.		3. Mailing Address 2075 W 76th St P.O. Box 160340 Suite, Apt. #, etc.																																																																																																											
City & State Hialeah, FL		4. FEI Number 59-1749207																																																																																																											
Zip 33016	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 7/26/05 <small>DATE</small>																																																																																																											
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																																																																																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">PD</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JACKSON, THOMAS E.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2680 PALMER PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT. LAUDERDALE, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JACKSON, BARBARA J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2680 PALMER AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT LAUDERDALE, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	JACKSON, THOMAS E.		STREET ADDRESS	2680 PALMER PLACE		CITY-ST-ZIP	FT. LAUDERDALE, FL		TITLE	S	<input type="checkbox"/> Delete	NAME	JACKSON, BARBARA J.		STREET ADDRESS	2680 PALMER AVE		CITY-ST-ZIP	FT LAUDERDALE, FL		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete																																																																																																											
NAME	JACKSON, THOMAS E.																																																																																																												
STREET ADDRESS	2680 PALMER PLACE																																																																																																												
CITY-ST-ZIP	FT. LAUDERDALE, FL																																																																																																												
TITLE	S	<input type="checkbox"/> Delete																																																																																																											
NAME	JACKSON, BARBARA J.																																																																																																												
STREET ADDRESS	2680 PALMER AVE																																																																																																												
CITY-ST-ZIP	FT LAUDERDALE, FL																																																																																																												
TITLE		<input type="checkbox"/> Delete																																																																																																											
NAME																																																																																																													
STREET ADDRESS																																																																																																													
CITY-ST-ZIP																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																											
NAME																																																																																																													
STREET ADDRESS																																																																																																													
CITY-ST-ZIP																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																											
NAME																																																																																																													
STREET ADDRESS																																																																																																													
CITY-ST-ZIP																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																											
NAME																																																																																																													
STREET ADDRESS																																																																																																													
CITY-ST-ZIP																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																											
NAME																																																																																																													
STREET ADDRESS																																																																																																													
CITY-ST-ZIP																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																											
NAME																																																																																																													
STREET ADDRESS																																																																																																													
CITY-ST-ZIP																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																											
NAME																																																																																																													
STREET ADDRESS																																																																																																													
CITY-ST-ZIP																																																																																																													
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 7/26/05 (305) 824-3464 <small>Daytime Phone #</small>																																																																																																											

05 JUL 28 AM 9:51



REINSTATEMENT