

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 MAR -5 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H9761D**

1. Corporation Name

Jacob MacDougall Properties, Inc.

**REINSTATEMENT 01-04**

2. Principal Office Address  
4701 S. MacDill Avenue

3. Mailing Office Address  
4701-S. MacDill Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tampa, Florida

City & State  
Tampa, Florida

Zip Country  
33611 USA

Zip Country  
33611 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 01/31/86

5. FEI Number Applied For  
59-2636228  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

300029124723  
02/20/04--01027--001 \*\*1050.00

300029124723  
03/05/04 01064 005 \*\*150.00

7. Name and Address of Current Registered Agent

Name  
James C. Jacob

Street Address (P.O. Box Number is Not Acceptable)  
4701 South MacDill Avenue

Suite, Apt. #, Etc.

City  
Tampa,

State Zip Code  
FL 33611

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *James C. Jacob*

Date 1/30/04

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	James C. Jacob	4701 S. MacDill Avenue	Tampa, FL 33611

10. 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: *James C. Jacob*

1/30/04 (813) 258-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)