

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 22 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K66979

1. Corporation Name

JACKSON SHIPPING, INC

2. Principal Office Address

5353 W. TYSON AVE BLDG C

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33611

Country

3. Mailing Office Address

5353 W. TYSON AVE BLDG C

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33611

Country

REINSTATEMENT 03

10/17/03 01006 004 \$750.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

592-94-5893

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SCOTT, LAWRENCE ESO

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

304 PLANT AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33606

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

REGISTERED AGENT MUST SIGN

Date

Dec 16, 2003

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
D	JACKSON, ALBERT	4704 W. CLEAR AVE	TAMPA, FL
DVP	JACKSON, BONNIE	4704 W. CLEAR AVE	TAMPA, FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert Jackson

12/15/03

Date

(813) 835-4644

Daytime Phone #

CR2E081 (10/02)