

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L70175

1. Corporation Name

JACKSON FAMILY HOMES, INC.

Principal Place of Business

100 QUIET WATER TRAIL
SANTA ROSA BCH
SEA BREEZE FL 32459
US

Mailing Address

100 QUIET WATER TRAIL
SANTA ROSA BCH
SEA BREEZE FL 32459
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1990

SP

5. FEI Number

59-3011800

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	JACKSON, HILDA B	100 QUIET WATER TRAIL	SANTA ROSA BEACH FL 32459
STD	WADE, JACKSON M	100 QUIET WATER TRAIL	SANTA ROSA BEACH FL 32459
P	Wade, Jackson M.	100 Quiet Water Trail	Santa Rosa Beach FL 32459

8. Name and Address of Current Registered Agent

JACKSON, M. WADE
100 QUIET WATER TRAIL
SANTA ROSA BCH FL 32459

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

M. Wade Jackson
REGISTERED AGENT MUST SIGN

Date 1-31-2001

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:

M. Wade Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-31-2001 (850) 231-2932

Daytime Phone #

CR2E040 (8/00)