

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State  
TALLAHASSEE, FLORIDA

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N 00000000320

1. Corporation Name

JACKIE House Inc

2. Principal Office Address

PO Box 410595

Suite, Apt. #, etc.

City & State

Melbourne

Country

32941 Brevard

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3594458

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

FRANK M. Bradley

600003473576-3

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

2187 Adams St

11/22/00-01007-005

\*\*\*\*\*61.25 \*\*\*\*\*61.25

Suite, Apt. #, Etc.

City

Palm Bay FL 32905

State

FL

Zip Code

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

FRANK M. Bradley

REGISTERED AGENT MUST SIGN

Date 10/12/2000

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

1/D	Mary Humphrey	2187 Adams St	Palm Bay FL 32905
1/D	FRANK M Bradley	427 Timberlake Dr	Melbourne FL 32940
D	Arlene Coulter	5925 Old Dixie Highway	Melbourne FL 32940
D	Bishop Willie Carter	1010 Brothers Ave	Melbourne FL 32940
D	Joyce Good	1495 N Harbor City Blvd	Melbourne FL 32935

KE

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:

FRANK M. Bradley Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/2000

Daytime Phone #