2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 11 PM 4:08

DOCUMENT # N02000003258

1. Entity Name
JACKSON COURT/DIVISION OAKS RESIDENT ASSOCIATION INCORPORATED

Principal Place of Business	Mailing Address
523 W JACKSON ST APT #208 ORLANDO, FL 32805	523 W JACKSON ST APT #208 ORLANDO, FL 32805

08162007 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, VIOLENA
523 W JACKSON ST #208
ORLANDO, FL 32805

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: Sign Violena Johnson DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, VIOLENA 523 W JACKSON ST #208 ORLANDO, FL 32805	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500109587876 09/18/07--01059--003 **122.50	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BULLARD, NEIGGOLA 523 W JACKSON ST #210 ORLANDO, FL 32805	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRICE, LETTIE 523 W JACKSON ST #221 ORLANDO, FL 32805	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 9/12/07 REINSTATEMENT 06-07	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOL BRIGES, LOU D 523 W JACKSON ST #101 ORLANDO, FL 32805	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOL MCNEAL, ANNIE 523 W JACKSON ST #206 ORLANDO, FL 32805	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOL ATTWAY, NORMA 523 W JACKSON ST #201 ORLANDO, FL 32805	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information [illegible] this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. [illegible] information indicated [illegible] 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 [illegible] to execute this report as required by Chapter [illegible] Statutes; and [illegible] Block 10 or Block 11 if changed [illegible] attached [illegible] otherwise empowered.

SIGNATURE: Sign Violena Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR