

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAR 13 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

NA3000000111

1. Corporation Name

Jackson's Development Center Inc.
2610 Michigan Ave
Pensacola, FL 32526

2. Principal Office Address - No P.O. Box #

2610 Michigan Ave

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola

City & State

Zip

32526

Country

Escambia

Zip

32526

Country

Escambia

REINSTATEMENT
2006-2007
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

55-0805341

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

Deborah Jackson

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

5701 Tonawanda Dr.

Suite, Apt. #, Etc.

City

Pensacola, FL

State

FL

Zip Code

32506

FEE: 245.00
☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Deborah Jackson

REGISTERED AGENT MUST SIGN

Date 3-5-07

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
PD	Deborah Jackson	5701 Tonawanda Dr	Pensacola, FL 32506
SD	Robert E. Jackson	5701 Tonawanda Dr	Pensacola, FL 32506
TD	Deborah Jackson	200 Emerald Ave	Pensacola, FL 32505

900092377119

03/13/07 01010 022 **245.00

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 contained in Chapter 119, 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:

Deborah Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-07

Date

(850) 941-1520

Daytime Phone #