

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000010880

FILED
Sep 29, 2005
Secretary of State

Entity Name: JACKSONVILLE CERT, INC.

Current Principal Place of Business:

1044 JONES CREEK DRIVE
JACKSONVILLE, FL 322256311 US

New Principal Place of Business:

Current Mailing Address:

1044 JONES CREEK DRIVE
JACKSONVILLE, FL 322256311 US

New Mailing Address:

221 SPARROW BRANCH CIR
JACKSONVILLE, FL 32259311 US

FEI Number: 20-1122383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NOSALEK, FRANK
1044 JONES CREEK DRIVE
JACKSONVILLE, FL 322256311 US

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.

SIGNATURE: FRANK NOSALEK

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: NOSALEK, FRANK
Address: 1044 JONES CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 322256311 US

Title: TREA () Delete
Name: FUTCH, KENNETH
Address: 221 SPARROW BRANCH CIRCLE
City-St-Zip: JACKSONVILLE, FL 32224

Title: SEC () Delete
Name: MILLER, ROBYN
Address: 44282 CATIES WAY
City-St-Zip: CALLAHAN, FL 32011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH F FUTCH

TREA

09/29/2005

Electronic Signature of Signing Officer or Director

Date