

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| APPLICATION FOR REINSTATEMENT | | DEPARTMENT OF STATE Katherine Secretary of State DIVISION OF CORPORATIONS | | FILED 59 MAY 20 PM 3:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| DOCUMENT # <i>N51251</i> | | | | | |
| 1. Corporation Name <i>Willie B. Jackson Youth Foundation, Inc</i> | | | | | |
| Principal Place of Business <i>834 East University Avenue</i> <i>Gainesville, FL 32601</i> | | | Mailing Address | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | |
| 2. New Principal Office Address, If Applicable <i>834 East University Ave</i> Suite, Apt. #, etc. | | 3. New Mailing Office Address, If Applicable <i>P.O. Box 12627</i> Suite, Apt. #, etc. | | 4. Date Incorporated or Qualified To Do Business in Florida <i>9-30-92</i> | |
| 5. FEI Number <i>59-3318950</i> | | Applied For <input type="checkbox"/> Not Applicable | | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |
| City & State <i>Gainesville, FL</i> | | City & State <i>Gainesville, FL</i> | | Zip <i>32601</i> | |
| Country <i>USA</i> | | Country <i>USA</i> | | | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | |
| 1 | 2 | 3 | 4 | | |
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip | | |
| P | Willie B. Jackson, Jr | 834 East Univ. Avenue | Gainesville, FL 32601 | | |
| V-P | Delphine Jackson | 834 East Univ. Avenue | Gainesville, FL 32601 | | |
| D | Willie B. Jackson, Sr | Same | | | |
| T | Terry Jackson | Same | | | |
| 8. Name and Address of Current Registered Agent <i>Gary Schar f</i> <i>7280W. Palmetto Park Road</i> <i>Suite 106</i> <i>Boca Raton, FL 33433</i> | | | | | |
| 9. Name and Address of New Registered Agent Name <i>Delphine Jackson</i> Street Address (P.O. Box Number is Not Acceptable) <i>834 East University Avenue</i> Suite, Apt. #, Etc. City <i>Gainesville</i> State <i>FL</i> Zip Code <i>32601</i> | | | | | |
| 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 <i>Delphine Jackson</i> REGISTERED AGENT MUST SIGN Date <i>5/18/99</i> | | | | | |
| 11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax) | | | | | |
| 12. 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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. | | | | | |
| SIGNATURE: <i>Delphine Jackson, Vice President</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | <i>5/18/99</i> <i>352-336-2606</i> Date Daytime Phone # | | |

CR2E081 (12/98)