

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51251

1. Corporation Name

WILLIE B. JACKSON YOUTH FOUNDATION, INC.

Principal Place of Business

834 EAST UNIVERSITY AVE.
SUITE G
GAINSVILLE FL 32601

Mailing Address

P.O. BOX 12627
GAINSVILLE FL 32604

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1616 N.W. 19th Circle
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

SAME AS
Above

City & State

Zip

Country

32605 U.S.A

REINSTATEMENT 00

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/1992

5. FEI Number

59-3318950

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	JACKSON, WILLIE B JR	834 EAST UNIVERSITY AVE. 1616 N.W. 19th Circle	GAINSVILLE FL 32605
D	JACKSON, WILLIE B SR	834 EAST UNIVERSITY AVE. 3355 Green Street	GAINSVILLE FL 32601 Jacksonville, FL 32205
VPD	JACKSON, DELPHINE	834 EAST UNIVERSITY AVE. 1616 N.W. 19th Circle	GAINSVILLE FL 32605
TD	JACKSON, TERRY	834 EAST UNIVERSITY AVE. 1616 N.W. 19th Circle	GAINSVILLE FL 32605
			8000003455378-6 -11/07/00--01081--006 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

JACKSON, DELPHINE
834 EAST UNIVERSITY AVE.
SUITE G
GAINSVILLE FL 32601

9. Name and Address of New Registered Agent

Name
Delphine Jackson
Street Address (P.O. Box Number is Not Acceptable)
1616 N.W. 19th Circle
Suite, Apt. #, Etc.
City Gainesville State FL Zip Code 32605

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

Delphine Jackson
REGISTERED AGENT MUST SIGN

Date

10/17/2000

11. 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:

Delphine Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/2000

Daytime Phone #

352
336-2606