

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 31 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001038

1. Corporation Name

TRU DEVELOPMENT AND HUMAN  
SERVICES, INC.

W01000074603

2. Principal Office Address

2297 EDISON AVE

Suite, Apt. #, etc.

N/A

City & State

JACKSONVILLE

Zip

32204

Country

DUVAL

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

32204

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

3/2/95

5. FEI Number

59-330-0383

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

ELWYN W. JENKINS

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

7155 Hyde Grove Ave

Suite, Apt. #, Etc.

City

JACKSONVILLE FLA.

State

FL

Zip Code

32210

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

Elwyn W. Jenkins

REGISTERED AGENT MUST SIGN

Date

10/10/01

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
<u>President</u>	<u>ELWYN W. JENKINS</u>	<u>7155 Hyde Grove Ave</u>	<u>JACKSONVILLE FLA. 32210</u>
<u>Vice President</u>	<u>MARVA SALARY</u>	<u>6825 Rhode Island Dr</u>	<u>JACKSONVILLE FLA 32209</u>
<u>Treasurer</u>	<u>Cheral Alexander</u>	<u>7142 JOHN F. KENNEDY DR</u>	<u>JACKSONVILLE " 32219</u>
<u>Trustee</u>	<u>EVERETT WILLIAMS</u>	<u>366 TALLAHASSEE AVE</u>	<u>JACKSONVILLE " 32208</u>
<u>Trustee</u>	<u>MICHAEL JENKINS</u>	<u>2319 McCARTHY DRIVE</u>	<u>JACKSONVILLE FL. 32210</u>

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 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

Elwyn W. Jenkins ELWYN W. JENKINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/01 (904) 791-9912

Daytime Phone #

(904) 568-9897

CR2E081 (9/00)