

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900008793059
11/04/02--01114--009 **245.00

DOCUMENT # **N95000001038**

1. Corporation Name

TRU-DEVELOPMENT AND HUMAN SERVICES, INC.

Principal Place of Business

2297 EDISON AVENUE
JACKSONVILLE FL 32204

Mailing Address

2297 EDISON AVENUE
JACKSONVILLE FL 32204

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/1995

5. FEI Number

59-3300383

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	JENKINS, ELWYN W	7155 HYDE GROVE AVENUE	JACKSONVILLE FL 32210
VT	SALARY, MARVA	6825 RHODE ISLAND DR.	JACKSONVILLE FL 32209
STD	ALEXANDER, CHERAL DIXSON	7412 JOHN F. KENNEDY DR.	JACKSONVILLE FL 32219
TT	WILLIAMS, EVERETT	366 TALLULAH AVE.	JACKSONVILLE FL 32208
TT	JENKINS, MICHAEL	2319 MCCARTY DRIVE	JACKSONVILLE FL 32210

8. Name and Address of Current Registered Agent

JENKINS, ELWYN W
7155 HYDE GROVE AVENUE
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Edwyn W. Jenkins
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/31/02

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:

Edwyn W. Jenkins
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-791-9912