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 12 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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11/13/02--01047--001 **61.25

DOCUMENT # N95000005567

1. Corporation Name

WEST JACKSON COUNTY DEVELOPMENT AUTHORITY, INC.

Principal Place of Business	Mailing Address
2864 MADISON STREET MARIANNA FL 32446	2864 MADISON STREET MARIANNA FL 32446

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/14/1995

5. FEI Number: 59-3440108 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PDST	TYUS, TED	2864 MADISON ST.	MARIANNA FL 32448
D	SPIRES, WILLIE	2864 MADISON STREET	MARIANNA FL 32446
D	LOCKEY, CHUCK	2864 MADISON STREET	MARIANNA FL 32446

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
TYUS, TED 2864 MADISON STREET MARIANNA FL 32446	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: SIGNATURE REQUIRED — Date: 31 Oct 02
REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED — 31 Oct 02 — 850-482-9633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

West Jackson County Development Authority, Inc.
2864 Madison Street
Marianna, Florida 32448

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

Dear Sir/Madam:

This letter is to confirm that the West Jackson County Development Authority, Inc. did not receive the first or second notice of the annual reports/uniform business reports. Please accept this letter along with the completed application for reinstatement of our corporation.

Your consideration is greatly appreciated.

Sincerely,

Ted Tyus
Director