

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JAN 20 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005567

1. Corporation Name

West Jackson County Development Authority, Inc.

W06-119

800065075388  
02/02/06--01020--008 \*\*61.25

2. Principal Office Address

2864 Madison Street

Suite, Apt. #, etc.

City & State

Marianna, FL

Zip

32448

Country

US

3. Mailing Office Address

2864 Madison Street

Suite, Apt. #, etc.

City & State

Marianna, FL

Zip

32448

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/1995

5. FEI Number

593440108

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 04-06

7. Name and Address of Current Registered Agent

Name

Glass, Howard J.

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

2864 Madison Street

Suite, Apt. #, Etc.

City

Marianna

State

FL

Zip Code

32448

800065075388  
02/02/06--01020--009 \*\*297.50

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

Howard J. Glass

*Howard J. Glass*  
REGISTERED AGENT MUST SIGN

Date

December 21, 2005

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
PDST	Howard J. Glass	2864 Madison Street	Marianna, FL 32448
D	Willie Spires	2864 Madison Street	Marianna, FL 32448
D	Paul Dudley	2864 Madison Street	Marianna, FL 32448
D	Chuck Lockey	2864 Madison Street	Marianna, FL 32448
D	Milton Pittman	2864 Madison Street	Marianna, FL 32448

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:

*Howard J. Glass*

Howard J. Glass

12/21/2005

850-482-9633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #