

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS



FILED
 03 OCT 31 PM 12:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N95000005567
 1. Corporation Name
WEST JACKSON COUNTY DEVELOPMENT AUTHORITY, INC.

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



100024297761
 10/31/03--01007--010 **\$1.25

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PDST	TYUS, TED HOWARD J. GLASS	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
~~TYUS, TED~~ HOWARD J. GLASS
 2864 MADISON STREET
 MARIANNA FL 32446

9. Name and Address of New Registered Agent
 Name HOWARD J. GLASS
 Street Address (P.O. Box Number is Not Acceptable) 2864 MADISON STREET
 Suite, Apt. #, Etc.
 City MARIANNA State FL Zip Code 32448

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 *Howard J. Glass* Date 10/21/03
 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: *Howard J. Glass* Date 10/21/03 850-482-9633
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/03)



BOARD of COUNTY COMMISSIONERS

(850) 482-9633

Fax 482-9643

SC 789-9633

Administration Building

2864 Madison Street

Marianna, Florida 32448-4021

21 October 2003

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

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 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,

Howard J. Glass
Director

Commissioners

Willie E. Spires
District - 1

Howard J. Glass
District - 2

Chuck Lockey
District - 3

Paul Dudley
District - 4

J. Milton Pittman
District - 5