

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
MARIANNA FL 32446

2864 MADISON STREET
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

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3440108

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 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

9. Name and Address of New Registered Agent

~~TYUS, TED~~ HOWARD J. GLASS
2864 MADISON STREET
MARIANNA FL 32446

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
REGISTERED AGENT MUST SIGN

Date

10/21/03

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03
Date

850-482-9633
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