

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

05 AUG 30 AM 11:07

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P00000065034

1. Corporation Name

L J S OF SEBRING, INC.

2. Principal Office Address

150 N. Commerce Ave.

Suite, Apt. #, etc.

City & State

Sebring, Florida

Zip

33870-3201

Country

Highlands

3. Mailing Office Address

150 N. Commerce Ave.

Suite, Apt. #, etc.

City & State

Sebring, FL

Zip

33870-3201

Country

Highlands

4. Date Incorporated or Qualified
To Do Business in Florida

July 6, 2000

5. FEI Number

59-3662079

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-05
700059052637

08/29/05--01031--003 **1358.75

7. Name and Address of Current Registered Agent

Name

Andrew B. Jackson

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

150 N. Commerce Ave.

Suite, Apt. #, Etc.

City

Sebring

State
FL

Zip Code

33870-3201

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

REGISTERED AGENT MUST SIGN

Date Aug. 17, 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
P, D	Andrew B. Jackson	150 N. Commerce Ave.	Sebring, FL 33870-3201
S, D	Ida Jackson	150 N. Commerce Ave.	Sebring, FL 33870-3201

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 17, 2005

Date

Daytime Phone #

CR2E081 (9/01)