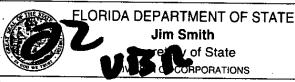
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



DOCUMENT #	UMENT #
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P00000109980

1. Corporation Name

JACKSON ENTERPRISES OF OSCEOLA COUNTY, INC.

Principal Place of Business

Mailing Address

1919 N MAIN STREET KISSIMMEE FL 34744

1919 N MAIN STREET KISSIMMEE FL 34744



02 OCT 28 AMII: 18

SECRETARY OF STATE FALLAHASSEE. FLORIDA



If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 3. New Ma Suite, Apt. #, etc. Suite, Apt. # City & State City & State			ailing Office Address, If Applicable #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 11/27/2000 5. FEI Number Applied For		
					Zip	Country	Zip
7. Names	and Street Addresses of Each Officer an	d/or Director (Florida nonprofit corpo	rations must list at I	least 3 directors)		
Title(s)	Name of Officers Str			treet Address of Ea Officer and/or Direct	et Address of Each		
DPT	JACKSON, KEN	130 Water View C			Cic	AUBURNDALE FL 33823	
DVS JACKSON, TARA			610 PILAKLAKAHA AVE 130 Water View Cir			AUBURNDALE FL 33823	
•		···				1000862504 1001079016	- 100 (00
	8. Name and Address of Current	Registered A	gent		9. Name and	Address of New Registered Ag	ent
IACVO	NON MEN	مند الله الله الله	-	Name			
JACKSON, KEN 1919 N MAIN STREET				Street Address (P.O. Box Number is Not Acceptable)			
KISSIMMEE FL 34744				Suite, Apt. #, Etc.			
				City		State	Zip Code
0. I, being	appointed the registered agent of the ab	ove named cor	poration, am familiar w	vith and accept the c	obligations of Sec		F.S.
ignature of	Agent KICHA	202	abras	HAED		Date	

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

407-846-2121

DEPARTMENT OF STATE,

I DID NOT RECEIVE THE TWO PRIOR UNIFORM BUSINESS REPORT NOTICES IN THE MAIL. I DO WANT TO KEEP THIS CORPORATION ACTIVE AND CURRENT. I CALLED 1-820-245-6059 AND I AM INCLOSING A CHECK FOR THE \$150.00

KENNETH G. JACKSON

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