

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

INVESTMENT CORPORATIONS

FILED

02 OCT 28 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000109980

1. Corporation Name

JACKSON ENTERPRISES OF OSCEOLA COUNTY, INC.

Principal Place of Business

1919 N MAIN STREET  
KISSIMMEE FL 34744

Mailing Address

1919 N MAIN STREET  
KISSIMMEE FL 34744

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/27/2000

5. FEI Number

59-3688700

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPT	JACKSON, KEN	619 PILAKLAKA AVE 130 Water View Cir	AUBURNDAL FL 33823
DVS	JACKSON, TARA	619 PILAKLAKA AVE 130 Water View Cir	AUBURNDAL FL 33823

400008625044

10/28/02--01079--016 \*\*150.00

8. Name and Address of Current Registered Agent

JACKSON, KEN  
1919 N MAIN STREET  
KISSIMMEE FL 34744

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Ken Jackson*  
REGISTERED AGENT MUST SIGN

Date 10-24-02

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:

*Ken Jackson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02

Date

407-846-2121

Daytime Phone #

CR2040 (8/02)

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

A handwritten signature in cursive script, appearing to read "Kenneth G. Jackson", followed by a long horizontal line.