

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC -5 AM 9:43

DOCUMENT # P01000096829

1. Corporation Name

JACKSONVILLE TRAFFIC SAFETY SCHOOL, Inc.

800009566588
12/17/02--01096--010 **158.75

2. Principal Office Address

416 W 25th ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 40343

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32206

Country

USA

Zip

32206

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-4-01

5. FEI Number

593746603

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MAURICE BAKER

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

416 W 25th ST

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code

32206

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

Maurice Baker

REGISTERED AGENT MUST SIGN

Date 12-4-02

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
D	MAURICE BAKER	416 W 25th ST	JAX, FL, 32206
D	DAISY B GOGGINS	424 W 25th ST	JAX, FL, 32206
D	ROBERT TILLMAN	3864 PEARL ST	JAX, FL 32206

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

12-4-02

Date

Daytime Phone #

404
728 9797

CR2E081 (9/01)