

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 30 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 101000096829

1. Corporation Name

JACKSONVILLE TRAFFIC SAFETY SCHOOL

550 WATER ST

416 W 25TH ST

2. Principal Office Address

550 WATER ST

3. Mailing Office Address

416 W 25TH ST

Suite, Apt. #, etc.

1323

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL 32206

City & State

JACKSONVILLE FL 32206

Zip

32206

Country

USA

Zip

32206

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida 01/2000**

5. FEI Number
59-3746603

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)

424 W 25TH STREET

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

8/26/04

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	424 W 25TH 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)(f), 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:

Maurice Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/04
Date

Daytime Phone #

CR2001 (01/04)