

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000111965

1. Corporation Name

JAX HOMEBUYERS, INC.

2. Principal Office Address

12127 CORNER OAKS DR

Suite, Apt. #, etc.

City & State

JAX, FL

Zip

32223

Country

USA

3. Mailing Office Address

12127 CORNER OAKS DR

Suite, Apt. #, etc.

City & State

JAX, FL

Zip

32223

Country

USA

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

11/19/01

5. FEI Number

900005482

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

WILLIAM DUQUETTE

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

12127 CORNER OAKS DR

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32223

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

William Duquette

REGISTERED AGENT MUST SIGN

Date 10/05/05

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	WILLIAM DUQUETTE	12127 CORNER OAKS DR	JAX, FL 32223
S	WILLIAM DUQUETTE	12127 CORNER OAKS DR	JAX, FL 32223
T	WILLIAM DUQUETTE	12127 CORNER OAKS DR	JAX, FL 32223

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:

William Duquette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/05/05

Date

904-292-2323

Daytime Phone #

FILED
05 NOV 17 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT
CR2E081(8/05)

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