

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR -3 PM 2:28

DOCUMENT # PD2000053548

1. Corporation Name

Shalysia Jackson INC

2. Principal Office Address - No P.O. Box

15175 NW 4 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Citra FL

City & State

Zip

32113

Country

MARION

Zip

Country

REINSTATEMENT 05-09ks

4. Date Incorporated or Qualified
To Do Business in Florida

5. Fil Number

737646007

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

Jackson Shalysia

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

15175 NW 4 AVE

Suite, Apt. #, Etc.

City

Citra

State

FL

Zip Code

32113

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 AgentShalysia Jackson Inc
REGISTERED AGENT MUST SIGN

Date 2-10-09

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.	Jackson Lee	15175 NW 4 AVE PO BOX 382	Orange Lake 32681
V	Jackson Mary	15175 NW 4 AVE PO BOX 382	Orange Lake 32681
T	Clinton Lavett	15175 NW 4 AVE PO BOX 307	Citra FL 32113
S	Thomas Shakira	15175 NW 4 AVE PO BOX 307	Citra FL 32113

200143594402
02/13/09--01039--026 **750.00

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 contained in Chapter 119, 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:

Shalysia Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-09

Date

352-246-3189

Daytime Phone #

February 10, 2009

To whom it may concern:

This letter is written to state that I, Shalysia Jackson, have not received any papers from the State in reference to my filing of my corporation of my business since 2005 due to the incorrect address.

My new address is: 15175 NW 4th Avenue
Citra, FL 32113

I am also enclosing the completed documents needed to get my business in good standings.

Sincerely,

Shalysia Jackson