


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

PA9-1st2

|   |  |         |  |  |  |  |  |
|---|--|---------|--|--|--|--|--|
| <b>DOCUMENT # P02000113305</b><br>1. Entity Name<br><b>ACTION JACKSON RIB HOUSE, INC.</b>   |  |         |  |   |  | <b>FILED</b><br>05 DEC 30 AM 10:56<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |  |
| Principal Place of Business<br><b>5013 SOUTE 1 DRIVE<br/>JACKSONVILLE, FL 32208</b>   |  |         |  | Mailing Address<br><b>4834 CHURCHILL DRIVE<br/>JACKSONVILLE, FL 32208</b>  |  |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |         |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |  |  |
| City & State  |  |         |  | City & State   |  |  |  |
| Zip   |  | Country |  | Zip  |  | Country  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>JACKSON-BROUGHTON, ANDREA<br/>4834 CHURCHILL DRIVE<br/>JACKSONVILLE, FL 32208</b>  |  |         |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |  |  |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |  |         |  | 4. FEI Number<br><b>56-2299540</b>   |  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |         |  | Applied For<br>Not Applicable  |  |  |  |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)   |  |         |  | DATE   |  |  |  |
| <b>FILE NOW!!! FEE IS \$750.00<br/>After January 1, 2006, Fee will be \$900.00</b>  |  |         |  |  |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |         |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |  |
| TITLE: <b>P</b> <input type="checkbox"/> Delete<br>NAME: <b>JACKSON-BROUGHTON, ANDREA</b><br>STREET ADDRESS: <b>4834 CHURCHILL DRIVE</b><br>CITY-ST-ZIP: <b>JACKSONVILLE, FL 32208</b>  |  |         |  | TITLE: <b>200062479512</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME: <b>12/29/05--01057--006</b> <b>**150.00</b><br>STREET ADDRESS:<br>CITY-ST-ZIP: |  |  |  |
| TITLE: <b>VP</b> <input type="checkbox"/> Delete<br>NAME: <b>BROUGHTON, CURTIS</b><br>STREET ADDRESS: <b>4834 CHURCHILL DRIVE</b><br>CITY-ST-ZIP: <b>JACKSONVILLE, FL 32208</b>   |  |         |  | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:   |  |  |  |
| TITLE: <input type="checkbox"/> Delete<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:  |  |         |  | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:   |  |  |  |
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| TITLE: <input type="checkbox"/> Delete<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:  |  |         |  | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:   |  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |         |  |  |  |  |  |
| <b>SIGNATURE:</b> <u>Andrea Jackson-Broughton</u> (ANDREA JACKSON-BROUGHTON) <b>12-27-2005 (904)766-7116</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |         |  |  |  |  |  |

Page 2 of 2

12-27-2005

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

To Whom It May Concern:

Please waive the \$600.00 penalty, 2005 Annual Report.

I did not receive the first notice for  
reinstatement for 2005.

I promise to keep a closer check on receiving  
the reinstatement for 2006.

Thanking You In Advance,

Andre Jackson Broughton, Pres.

Active Jackson Rib House

5013 Soutel Drive

Jacksonville, FL 32208