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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2006		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

06 OCT 19 11 3:06

DOCUMENT # 804000061585

1. Corporation Name
 Kenny Jackson, Inc.
 12162 Cedar Trace Dr. S.
 Jacksonville, FL 32246

2. Principal Office Address Same Suite, Apt. #, etc. City & State Zip Country		3. Mailing Office Address P.O. Box 24668 Suite, Apt. #, etc. City & State Jacksonville, FL Zip Country 32241 USA	
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REINSTATEMENT 105-06

4. Date Incorporated or Qualified To Do Business in Florida 4/13/04	5. FEI Number 20-0991859	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent		
Name Kevin Green		
Street Address (P.O. Box Number is Not Acceptable) 3617-2 Crown Point Rd.		
Suite, Apt. #, Etc.		
City Jacksonville	State FL	Zip Code 32257

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 Kevin Green Date 10/2/06

REGISTERED AGENT MUST SIGN

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
PD	Kenneth Jackson	12162 Cedar Trace Dr. S.	Jacksonville, FL 32246

900081031129
 10/19/06--01043--022 **300.00

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: Kenny Jackson Date 10/2/06 Daytime Phone # 904-332-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Mitchell OCT 19 2006

20f3
KEVIN S. GREEN, C.P.A.

CERTIFIED PUBLIC ACCOUNTANT

October 17, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporate reinstatement of
Kenny Jackson, Inc.
P04000061585

To Whom It May Concern,

We are enclosing a check for 2005 and 2006's corporate renewal for the above referenced corporation. The company did not receive its annual postcards prompting the renewals.

Please process at your convenience.

If further information is needed, please feel to contact us.

Sincerely,



Kevin Green, C.P.A.

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Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporate renewal

To Whom It May Concern,

I did not receive my corporate renewal postcard for 2005 or 2006.

Sincerely,

A handwritten signature in cursive script that reads "Kenny Jackson".

Kenneth Jackson
Kenny Jackson, Inc.,
President