2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000150387 1. Entity Name JACK L. WILSON, INC.						FILED 06 APR 20 PH 1: 28
Principal Plac 6811 NW 7T MARGATE, FI	H COURT	5	Mailing Address 6811 NW 7TH COURT MARGATE, FL 33063		· · · · · · · · · · · · · · · · · · ·	
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04142006 REIN-P CR2E098 (11/05)
City & State			City & State			4. FEI Number Applied For Not Applied Solution A O - (8 2 5745 Not Applicable
Zip	Country		Zip	Zip Coun		5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent
WILSON, . 6811 NW 7 MARGATE	7TH COU			Street A		ess (P.O. Box Number is Not Acceptable)
				City		FL Zip Code
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.						
SIGNATURE Signature, typed or griphed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FII	LE NOW!!	! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	l P	OFFICERS AN	ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	WILSON, JACK L 6811 NW 7TH COURT MARGATE, FL 33063			NAM STRE		Criange D Adulton
TITLE NAME			☐ Delete	TITLI NAM	_	Change Addition
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP	154/2/164
TITLE NAME STREET ADDRESS			☐ Delete	TITL Nam Stri	i Pieri	Change Addition
CITY-ST-ZIP			☐ Delete	CITY	Y-ST-ZIP E	Change Addition
NAME STREET ADDRESS	;			nam Stri	ie Eet address	
CITY-ST-ZIP			☐ Delete	CITY	Y-ST-ZIP E	☐ Change ☐ Addition
NAME STREET ANDRESS					EET ADDRESS	600073524996 05/01/0601059027 **308.75
CITY-St-ZIP			☐ Delete	TITE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP					RET ADDRESS Y-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.						
SIGNATURE: 04-15-06 954-503.3046 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D						