

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 10 AM 8:01

DOCUMENT # P93000007084

1. Corporation Name

HAPPY JACK Grocery Market
1605 N MYRTLE AVE
JACKSONVILLE FL 32209

2. Principal Office Address

1605 N MYRTLE AVE
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

FL

Zip

32209

Country

USA

Zip

Country

800009557268
12/17/02--01038--006 **150.00

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

5. FEI Number

593166709

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

F C ISAAC

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

2468 ATLANTIC BL

Suite, Apt. #, Etc.

City

JACKSONVILLE FL

State

FL

Zip Code

32207

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

F C Isaac

Date

12/5/2009

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
Pres	DANIEL COBB JR	10958 NATHAN DR	JAX FL 32218
ST	STEPHEN COBB	6034 CHESTER AVE	JAX FL 32217

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:

DANIEL COBB JR

DANIEL COBB JR

Date

Daytime Phone #

CR2E081 (9/01)