

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 JUL 28 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000075549**

1. Corporation Name

**McDowell JACKSON, INC.**

Principal Place of Business

Mailing Address

**10390 USA Today way**

**1671 NW 195 St.  
Miami, FLA. 33169**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**10390 USA Today way**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

**MIAMI, FLA.**

City & State

Zip

**33025**

Country

**Broward**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**NOV. 2, 1993**

5. FEI Number

**65-0447293**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Julius Jackson	1671 NW 195 St.	Miami, FLA. 33169
Sec	Julius Jackson	1671 NW 195 St.	Miami, FLA. 33169
			900002255489--4
			08/01/97 01098 019
			****750.00 ****750.00
<b>REINSTATEMENT 1997</b>			
<i>A. Alpin 7/28/97</i>			

8. Name and Address of Current Registered Agent

**Richard I. Blinderman  
2 So. Biscayne Blvd. Suite 3400  
Miami, FLA. 33121**

**(Resigned)**

9. Name and Address of New Registered Agent

Name

**Julius Jackson**

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

**1671 NW 195 St.**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33169**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Julius Jackson*

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

*Julius Jackson*

**Julius Jackson, Pres. 25 July 97**

**954-433-9810**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)