

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000088251

1. Corporation Name

FRANCIS L. JACKSON INSURANCE AGENCY, INC.

Principal Place of Business

963 ORANGE AVE.
WINTER PARK FL 32789-4706

Mailing Address

963 ORANGE AVE.
WINTER PARK FL 32789-4706

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/1993

5. FEI Number

59-3229383

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	JACKSON, FRANCIS	225 SECRET WAY	CASSELBERRY FL
DVP	JACKSON, RONALD L.	521 MELROSE AVENUE	WINTER PARK FL 32789
DS	DIAMATO, NICOLETTE A.	217 SECRET WAY	CASSELBERRY FL
DT	JACKSON, ELIZABETH A.	225 SECRET WAY	CASSELBERRY FL

700030902827
03/23/04--01026--015 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FINKBEINER, FRANK G.
105 E. ROBINSON ST.
SUITE 515
ORLANDO FL 32801

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Francis L. Jackson
REGISTERED AGENT MUST SIGN

Date

3/19/04

11. 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:

Francis L. Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

F.L. JACKSON 407-644-5423

3/19/04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 12 AM 8:00

REINSTATEMENT

03-04



700030902827
04/12/04--01058--002 **150.00

MRD

CR2E049 (7/03)