

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 MAR 15 AM 9:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000032927 (2)

1. Corporation Name

JEFFERSON SQUARE INVESTORS, INC.

Principal Place of Business

Mailing Address

505 Lancaster St. #16-D
 Jacksonville, FL 32204

505 Lancaster St. #16-D
 Jacksonville, FL 32204

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/24/95

5. FEI Number

59-3362098

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
Dir	William H. Hall	505 Lancaster St. #16-D	Jacksonville, FL 32204
Dir	August Urbanek	777 E. Atlantic Ave. #210	Delray Beach, FL 33483

100002814211-4
 -03/22/99--01149--003
 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

William H. Hall
 505 Lancaster St. #16-D
 Jacksonville, FL 32204

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City
 State | Zip Code
 FL

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

William H. Hall
 REGISTERED AGENT MUST SIGN

Date

03/12/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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 of 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 607.0101 or 617.0101, 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(5)(g), 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:

William H. Hall
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/99

Date

Date of Filing

CORPORATION