

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 98 FEB 24 PM 1:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000035873**

1. Corporation Name
AUGUST JACKSON INTERNATIONAL, INC.

Principal Place of Business 8311 PAT BOULEVARD TAMPA FL 33612	Mailing Address 8311 PAT BOULEVARD TAMPA FL 33612
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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	04/24/1996
5. FEI Number	59-3889740
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED	<input checked="" type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	VAN BRENKELEN, JAN	8311 PAT BOULEVARD	TAMPA FL 33612
D	VAN BRENKELEN, GILDA	8311 PAT BOULEVARD	TAMPA FL 33612
			300002440533--1 -02/25/98--01057--020 ***1187.50 ***988.75
			<i>Handwritten initials and date 2-24-98</i>

8. Name and Address of Current Registered Agent

KELLY, PETER J
501 E KENNEDY BOULEVARD
SUITE 1400
TAMPA FL 33602

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent *[Signature]* Date **2-19-98**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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 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)(j), 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: *[Signature]* **JAN VAN BRENKELEN** 11-98 243-8841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/87)