

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG 29 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA7000010080**

1. Corporation Name

J & M DIXIE, INC.

2. Principal Office Address

1423 SO. FORT HARRISON AVE.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33756

Country

U.S.A.

3. Mailing Office Address

1423 SOUTH FORT HARRISON AVE

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33756

Country

U.S.A.

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

1-23-97

5. FEI Number

59-3437560

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

GILBERT P. MACPHERSON

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

606 OSCEOLA ROAD,

Suite, Apt. #, Etc.

City

BELLEAIR

State
FL

Zip Code

33756

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

Gilbert P. MacPherson

REGISTERED AGENT MUST SIGN

Date **8/28/01**

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
P/D	GILBERT P. MACPHERSON	606 OSCEOLA RD	BELLEAIR, FL 33756
S/D	CHARLES D. JACOBS	2548 DEER RUN E.	CLEARWATER, FL 33761

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:

Gilbert P. MacPherson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/01

Date

727 440-2501

Daytime Phone #

CR2E081 (9/00)