

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 DEC 18 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000012241**

1. Corporation Name

JAXON ENTERPRISES INC.

Principal Place of Business

Mailing Address

21737 JACKSON ROAD
CHRISTMAS FL 32709

21737 JACKSON ROAD
CHRISTMAS FL 32709



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/05/1997	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3437437	
Country		Country		Applied For	
				Not Applicable	
				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
P	CLARA B. JACKSON	21737 JACKSON, RD	CHRISTMAS, FL 32709
V. P	LARRY A. JACKSON	21737 JACKSON, RD	CHRISTMAS, FL 32709
S-T	JERRY L. JACKSON	21405 FT. CHRISTMAS, RD	CHRISTMAS, FL 32709
STATEMENT			98 12/21/98
			3000002725873-7 -12/30/98--01001--018 ***758.75 ***758.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JACKSON, LARRY A SR 21737 JACKSON ROAD CHRISTMAS FL 32709		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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: [Signature] **SIGNATURE REQUIRED**
Date: 12-11-98

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)(f), 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.

LARRY A. JACKSON

SIGNATURE: [Signature] **SIGNATURE REQUIRED**
Date: 11-20-98 Daytime Phone #: 407-568-7525

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)