

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 SEP 12 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000089483**

1. Corporation Name **JACKBULL INVESTMENTS INC.**

300007833419--1
-09/18/02--01066--028
******900.00 ****900.00**

REINSTATEMENT 01-02

2. Principal Office Address
216 LIVE OAK LANE

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LARGO FL

City & State

4. Date Incorporated or Qualified To Do Business in Florida
10-16-97

5. FEI Number **593546093**
Applied For Not Applicable

Zip **33770** Country **U.S.A.**

Zip Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **MARTYN ~~SR~~ BRIERLEY**
Street Address (P.O. Box Number is Not Acceptable)
216 LIVE OAK LANE
Suite, Apt. #, Etc.
City **LARGO** State **FL** Zip Code **33770**

8. I, being appointed the registered agent of the above named corporation and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent _____ Date **9/10/02**
REGISTERED AGENT MUST SIGN

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	MARTYN BRIERLEY	216 LIVE OAK LANE	LARGO FL 33770
VP	SUSAN BRIERLEY	216 LIVE OAK LANE	LARGO FL 33770

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: _____ Date **7-20-02** Daytime Phone # **727-804-7420**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)