

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000092428

1. Entity Name  
JACKIE SANDERSON REAL ESTATE, INC.



FILED

2006 SEP 29 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1309 WILLFRED DRIVE  
ORLANDO, FL 32803

Mailing Address  
1309 WILLFRED DRIVE  
ORLANDO, FL 32803

2. Principal Place of Business  
1309 Wilfred Drive  
Suite, Apt. #, etc.

3. Mailing Address  
1309 Wilfred Drive  
Suite, Apt. #, etc.

City & State  
Orlando, FL  
Zip 32803 Country US

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Orlando, FL  
Zip 32803 Country US

09252006 REIN-P CR2E098 (11/05)

4. FEI Number 34-2030121  
Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKS, DEFILIPPO & ASSOCIATES, P.A.  
203 LOOKOUT PLACE  
SUITE A  
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name Carlile and Hunter, LLC  
Street Address (P.O. Box Number is Not Acceptable)  
861 W. Morse Blvd  
Suite 1  
City Winter Park FL Zip Code 32789

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Cynthia L. Hunter  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/25/06  
DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SANDERSON, JACQUELINE P P	
STREET ADDRESS	1309 WILFRED DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	V	<input type="checkbox"/> Delete
NAME	SANDERSON, SUZY C V	
STREET ADDRESS	1925 MAPLEWOOD DR	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	T	<input type="checkbox"/> Delete
NAME	HALL, JAY T	
STREET ADDRESS	1205 HARVARD ST.	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ELLSWORTH, CAROL S	
STREET ADDRESS	3208-C E. COLONIAL DRIVE #154	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	200080274092
CITY-ST-ZIP	09/29/06--01012--003 **158.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/06

407-647-1722

Date

Daytime Phone #