PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

P99000035466

1. Corporation Name

WELCOME HOME REALTY OF JACKSONVILLE, INC.

Principal Place of Business

DOCUMENT #

Mailing Address ZIIS ALMIRA ST

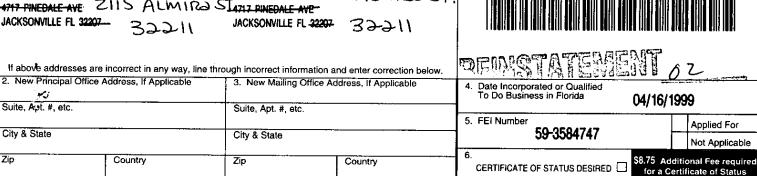
4717 PINEDALE AVE: ZIIS ALMIRO STATAT PINEDALE AVE

JACKSONVILLE FL 32207

FILED

02 NOV 27 AM 8: 31

SECRETARY OF STATE TALLAHASSEE FLORIDA



7. Names	and Street Addresses of Each Officer and/or Direct	tor (Florida nonprofit corporations must list at least 3 directors)	
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	BIDDLE, STEPHANIE	4717 PINEDALE AVE	JACKSONVILLE FL 32207
	,		
		9	00009245319
-,,		11/2	7/D201095005 **750:00
	8. Name and Address of Current Register	ed Agent O Name on	d Address of New Desistened Asset

HEAD, KOKO 2970 HARTLEY ROAD SUITE 104 JACKSONVILLE FL 32257

Name

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

Suite, Apt. #, Etc.

City

State 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. or 617.0505, F.S.

Signature of Registered Agent

Date

11. 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!

MILISTEPHANIE BIDDLE