

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 11 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

ED-TRAKK Inc.

Document # P99000106367

REINSTATEMENT

02-04

100036073541
05/11/04--01090--006 **1058.75

2. Principal Office Address

816 Brampton Lane

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Augustine, Florida

Zip

Country

Zip

Country

32084

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/6/99

5. FEI Number

59-3613872

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

Deborah D. Jackson

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

816 Brampton Lane

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32084

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

Deborah D. Jackson
REGISTERED AGENT MUST SIGN

Date

5-7-04

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
PSD	Deborah D. Jackson	816 Brampton Lane	St. Augustine, Florida 32084
VTD	Kenneth A Jackson	816 Brampton Lane	St. Augustine Florida 32084

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:

Kenneth A Jackson

Kenneth A Jackson

904-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 829-1441 Daytime Phone #