

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 APR -4 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V39364**

1. Corporation Name

**JACKSON SQUARE MOBILE HOME
PARK INC.**

2. Principal Office Address

5167 N. HWY A1A

Suite, Apt. #, etc.

1105

City & State

FT. PIERCE FL.

Zip

34949

Country

US

3. Mailing Office Address

5167 N. HWY A1A

Suite, Apt. #, etc.

APT 1105

City & State

FT. PIERCE FL.

Zip

34949

Country

US

REINSTATEMENT

05-06 JSC

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

1991

5. FEI Number

650342041

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

TIMOTHY R. BROCK

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

5167 N. HWY A1A

Suite, Apt. #, Etc.

APT 1105

City

FORT PIERCE

State
FL

Zip Code

34949

600073715566

05/02/06--01043--005 **301.00

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

Timothy R Brock

Date **3/31/06**

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	TIMOTHY R BROCK	5167 N. HWY A1A # 1105	FT. PIERCE FL 34949
VST	BETTY L. BROCK	5167 N. HWY A1A # 1105	FT. PIERCE FL 34949

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 contained in Chapter 119, 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:

Timothy R Brock

TIMOTHY R BROCK

3/31/06 772-460-9305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

292

JACKSON SQUARE MOBILE HOME PARK
5167 N. HWY A1A #1105
FT. PIERCE, FL 34949
772-460-9305

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE FL 32314

RE DOC # V39364

WE DID NOT RECEIVE THE ANNUAL REPORT NOTICE FOR THE YEAR 2005, THE 2004
REPORT INDICATED A CHANGE OF ADDRESS WHICH APPARENTLY DID NOT GET
RECORDED, AND THE POST OFFICE DID NOT FORWARD THE 2005 REPORT TO US.

ENCLOSED IS A CHECK FOR THE ANNUAL FEE FOR 2005 AND 2006.

THANK-YOU


TIMOTHY R. BROCK