

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **V63244**

1. Corporation Name

JACKSON BUSINESS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2700 W ATLANTIC BLVD
#200-25
POMPANO BCH FL 33069
US

3720 NW 107 TERR
CORAL SPRINGS FL 33065

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

621 S Georgia Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cocoa, FL

Zip

Country

Zip

Country

32922 Brevard

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1992

5. FEI Number

65-0355051

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐ ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CPD	JACKSON, R.L., SR.	3720 NW 107 TERR 621 S Georgia Ave	CORAL SPRINGS FL Cocoa, FL 32922
D	JACKSON, RUTH F.	3720 NW 107 TERR 621 S Georgia Ave	CORAL SPRINGS FL Cocoa, FL 32922

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-01/12/00--01009--005
******750.00 ****750.00**

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

JACKSON, ROOSEVELT L., SR.
~~3720 NW 107 TERR~~ **621 S Georgia Ave**
~~CORAL SPRINGS FL 33065~~ **Cocoa, FL 32922**

9. Name and Address of New Registered Agent

Name

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

621 S Georgia Ave
Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32922

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **1-2-2000**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-2-2000