

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations, Office of Corporate Services
 Fax Number : (850) 617-6384

From: Electronic Filing Cover Sheet
 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Peoplescapes@aol.com

CORPORATION REINSTATEMENT
JEANINE JACKSON PEOPLEScape, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$750.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000108000

1. Corporation Name

Jeanine Jackson PeopleScape, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2009
CR26081 (12/08)

2. Principal Office Address - No P.O. Box # 25 Tomac Avenue		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Old Greenwich, CT		City & State Old Greenwich, CT	
Zip 06870	Country	Zip 06870	Country USA

4. Date Incorporated or Qualified To Do Business in Florida August 2, 2005	
5. FEI Number 20-2912046	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> 3075 (Annual Franchise Fee Required) <input type="checkbox"/> 3076 (Annual Franchise Fee Not Required)	

7. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent Melissa Fox **Melissa Fox**
Vice President Date 11/11/09
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/T	Jeanine C. Jackson	25 Tomac Avenue	Old Greenwich, CT 06870

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 exception contained in Chapter 118, 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: Jeanine Jackson **Jeanine Jackson** Nov 10 09 203-845-9031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/12