PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 17 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000131599**

1. Corporation Name

GORDON JOHNSON & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
49 BAY POINTE DRIVE ~~ORMOAND~~ BEACH FL 32174 ORMOND	49 BAY POINTE DRIVE ~~ORMOAND~~ BEACH FL 32174 ORMOND

REINSTATEMENT 03

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/16/2002

5. FEI Number: 56-2321314 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	JOHNSON, GORDON	49 BAY POINTE DRIVE	~~ORMOAND~~ BEACH FL 32174 ORMOND

900023908719
10/17/03--01084--008 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JOHNSON, GORDON 49 BAY POINTE DRIVE ~~ORMOAND~~ BEACH FL 32174 ORMOND	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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 10-10-03

REGISTERED AGENT MUST SIGN

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: Gordon Johnson 10/10/03 386-437-0732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Gordon Johnson and Associates

OCTOBER 10, 2003

GLENDA E. HOOD
SECRETARY OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P. O. BOX 6327
TALLAHASSEE, FL 32314-6327

FEIN NUMBER
56-2327314

DEAR SECRETARY HOOD:

WE HAVE NOT RECEIVED A CORPORATION ANNUAL REPORT OR NOTICE OF REPORT DUE FROM YOUR DEPARTMENT. WE ARE REQUESTING A WAIVER IN ACCORDANCE WITH YOUR OFFICE INSTRUCTIONS.

AFEEE OF $150.00 IS ENCLOSED FOR APPLICATION FOR RE-INSTATEMENT AS A FOR PROFIT CORPORATION.

ANY QUESTIONS, PLEASE CONTACT ME AT (386) 437-0732 OR THE ADDRESS BELOW.

SINCERELY,

GORDON JOHNSON

49 BAY POINTE DRIVE . ORMOND BEACH, FL 32174. 386 / 437-0732