

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~~

49 BAY POINTE DRIVE  
~~ORMOAND BEACH FL 32174~~

ORMOND

ORMOND

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

56-2327314

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

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

REGISTERED AGENT MUST SIGN

Date

10-10-03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/03

386-437-0732

CR2E040 (7/03)



## Gordon Johnson and Associates

OCTOBER 10, 2003

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

FEIN NUMBER

56-2327314

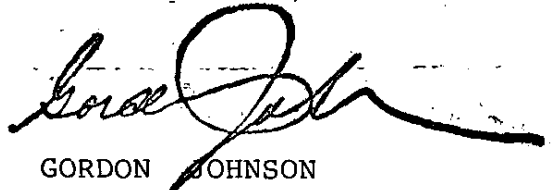
DEAR SECRETARY HOOD:

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.

A FEE 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