

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 21 AM 8:54

DOCUMENT # P94000051413

1. Corporation Name
KNOLYS JOHNSON, INC.

2. Principal Office Address
3000 HIGH RIDGE ROAD #16
Boynton Beach, FL 33426
Suite, Apt. #, etc.

3. Mailing Office Address
3000 High Ridge Rd # 16
Boynton Beach, FL 33426
Suite, Apt. #, etc.

REINSTATEMENT 01-02

City & State

City & State

4. Date Incorporated or Qualified To Do Business in Florida
07/07/1994

5. FEI Number 65-0511166
Applied For Not Applicable

Zip **Country**

Zip **Country**

6. CERTIFICATE OF STATUS DESIRED **\$875 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
JOHNSON, KNOLYS

Street Address (P.O. Box Number is Not Acceptable)
639 N.E. 8th Avenue
Suite, Apt. #, Etc.

300005193689-7
-04/05/02--01008--014
****900.00 ****900.00

City
BOYNTON BEACH, FL 33435

State **Zip Code**
FL

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 Knolys Johnson
REGISTERED AGENT MUST SIGN

Date 3-18-02

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	JOHNSON, KNOLYS	3000 HIGH RIDGE RD # 16	BOYNTON BEACH, FL 33426
VP	JOHNSON, KNOLYS	3000 HIGH RIDGE RD # 16	BOYNTON BEACH, FL 33426
S	JOHNSON, KNOLYS	639 N.E. 8th Ave.	BOYNTON BEACH, FL 33435
T	JOHNSON, DELROY	639 N.E. 8th Ave	BOYNTON BEACH, FL 33435

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 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: Knolys Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02 561-736-8680
Date Daytime Phone #

CR2E081 (9/01)