## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	FLORIDA DEPARTMENT Secretary of State DIVISION OF CORPORATE	e	0	FILED 4 DEC 29 PH 12: 2	7
DOCUMENT # P96000002093  1. Corporation Name Deborah F. Johnson Agency Inc				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Office Address  2130 W. Brandon Blvd 1707 W. Hills Ave  Suite, Apt. #, etc.  Suite, Apt. #, etc.				REINSTATEMENT 03-04		
5te 201				4. Date Incorporated or Qualified To Do Business in Florida  1/1996		
City & State  Prandon FL Tampa FL				5. FEI Number Applied For		
zip 33	511 Country SA 33606 USA		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name						
	Beborah	500043704209				
	Street Address (P.O. Box Number is No	12/23/04	U1U37U18 **5	00.00		
	Suite, Apt. #, Etc.					
:	city Tampa			State FL	2ip Code 33606	<u> </u>
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 Date 12-24-89  Date 12-24-89						
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Titles	Name of Street Address of Ea Officers and/or Directors Officer and/or Directors					
Pres	- Deborah Johnson inon w. Hil		15 Ave Tampa FL 33606			
UP	Davin Johnson 1909 W. His		15 Aug -	Tampa F 33	60%	
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Daytime Phone *						