

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -5 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 619239

1. Corporation Name

GARY JOHNSON, INC.

2. Principal Office Address

1395 CROSS CREEK CIR

3. Mailing Office Address

P O BOX 1197

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FLORIDA

City & State

TALLAHASSEE, FLORIDA

Zip

32301

Country

Zip

32302

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/79

5. FEI Number

591-90-2383

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GARY L. JOHNSON

700027917997

01/30/04--01027--004 ***450.00

Street Address (P.O. Box Number is Not Acceptable)

1395 CROSS CREEK CIRCLE

Suite, Apt. #, Etc.

REINSTATEMENT 02-04

City

TALLAHASSEE

State

FL

Zip Code

32301

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

REGISTERED AGENT MUST SIGN

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
PD	GARY L. JOHNSON	1395 CROSS CREEK CIRCLE	TALLAHASSEE, FLORIDA 32301
VP	ALVIN ROLLISON	1395 CROSS CREEK CIRCLE	TALLAHASSEE, FLORIDA 32301

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:

01/02/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (10/02)



GARY JOHNSON, INC.

dba: LAKE CITY TIRE COMPANY
THOMASVILLE TIRE COMPANY
BIG BEND TIRE & RECAPPING
OCALA TIRE COMPANY

P.O. Box 1197
TALLAHASSEE, FLORIDA 32302
PHONE: (904) 656-2333
FAX: (904) 942-2836

January 2, 2003

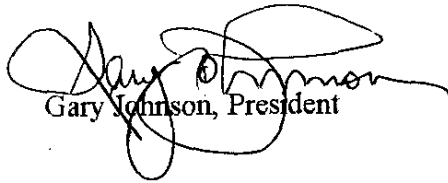
Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

To Whom it May Concern:

The Uniform Business Report for 2002 was not received in our office; we are requesting a waiver for the \$600.00 late fee. Enclosed are a check in the amount of \$450.00 to cover the annual report fees for 2002, 2003, 2004 and a reinstatement application.

Please feel free to contact me at (850) 656-2333 for any questions regarding this matter.

Thank you,


Gary Johnson, President

RECEIVED
04 JAN -5 AM 9:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA