

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR
REINSTATEMENT

FILED

02 OCT 30 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 686819

1. Corporation Name

CHARLES W. JOHNSON, INC.

Principal Place of Business

336 W BRIDGERS AVE
AUBURNDALE FL 33823
US

Mailing Address

336 W BRIDGERS AVE
AUBURNDALE FL 33823
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2044057

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	JOHNSON, CHARLES W.	336 W BRIDGERS AVE	AUBURNDALE FL 33823

000008710530
10/30/02--01116--006 **150.00

8. Name and Address of Current Registered Agent

JOHNSON, CHARLES W.
109 MAIN ST
AUBURNDALE FL 33823

9. Name and Address of New Registered Agent

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

Charles W. Johnson
REGISTERED AGENT MUST SIGN

Date 10-28-02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles W. Johnson
Charles W. Johnson

Date

Daytime Phone #

10/28/02 563-967-0677

CR2E040 (8/02)

Charles W. Johnson - REALTOR CONTRACTOR

336 BRIDGERS AVENUE - AUBURNDALE, FLORIDA 33823 - PHONE (941) 967-0677

10/28/02

Florida Department of State
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. 32314-6327

Dear Sirs:

Please Find our Application for Reinstatement for
Charles W. Johnson, Inc. We have also enclosed a check
in the amount of \$ 150.00

We ask that you waive the Reinstatement fee
as we never received either of our Annual Report forms.

Thank you for your attention
to this matter

Sincerely



Charles W. Johnson