PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL 26 AM 11:43

DOCUMENT # 753234

1. Corporation Name

JOHNSON ARMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
420 & 424 JOHNSON AVE. CAPE CANAVERAL FL 32920	% CHERYL KEARNS 200 S. BANANA RIVER RD., STE. 801 COCOA BEACH FL 32931

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 98-96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste A
City & State	City & State Winter Park, Fl
Zip / Country	Zip 32789 / Country Orange

4. Date Incorporated or Qualified To Do Business in Florida: 07/03/1980

5. FEI Number: 59-2027894 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	KERCHER, EDWARD J	305 MERIDAN DRIVE	COCOA BEACH FL
TD	KEARNS, ~~CHERYL C.~~ THOMAS	200 S. BANANA RIVER RD., STE. 801	COCOA BEACH FL 32931
SD	SAPP, JAMES H	362 LAKEVIEW STREET	ORLANDO FL 32804
			000002953280---1 -08/06/99--01089--015 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

KERCHER, EDWARD J
305 MERIDAN DRIVE
STE. 2
COCOA FL 32931

9. Name and Address of New Registered Agent

Name: James H. Sapp
Street Address (P.O. Box Number is Not Acceptable): 833 NICOLET AVE
Suite, Apt. #, Etc.: STE A
City: WINTER PARK | State: FL | Zip Code: 32789

CR2E040 (9/98)

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.

Signature of Registered Agent: James H Sapp (REGISTERED AGENT MUST SIGN) Date: 7/22/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: James H Sapp (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) James H. Sapp
Date: 7/22/99
Daytime Phone #: 407-740-7277