

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC 26 PM 3:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 851482

1. Corporation Name

J.R. Johnson Supply Inc.
2582 Long Lake Road
St. Paul, MN 55113

2. Principal Office Address

3030 Cockroach Bay Rd

Suite, Apt. #, etc.

City & State

Sun City, FL

Zip

33586

Country

3. Mailing Office Address

P.O. Box 7209

Suite, Apt. #, etc.

City & State

Sun City, FL

Zip

33586

Country

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

1982

5. FEI Number

41-0850031

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lynn M. John

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

3030 Cockroach Bay Rd

Suite, Apt. #, Etc.

City

Sun City

State

FL

Zip Code

33586

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

[Signature]
REGISTERED AGENT MUST SIGN

Date Dec. 3, 2000

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
Pres	Lynn M. John	5210 Woodlawn Cir. East	Palmetto, FL 34221
COB	John R. Johnson	1181 Edgumbe Rd #316	St. Paul, MN 55105
Treas	Pearl L. Johnson	1181 Edgumbe Rd #316	St. Paul, MN 55105

KE

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynn M. John, Pres

Date

Daytime Phone #

12-3-00 813-645-4666

CR2E081 (9/99)