

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F01000005150

1. Corporation Name

E. JOHNSON, INC.

Principal Place of Business

1521 BEACHWALKER DR.  
FERNANDINA BEACH FL 32034

Mailing Address

1521 BEACHWALKER DR.  
FERNANDINA BEACH FL 32034

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/02/2001

5. FEI Number

36-3087681

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PC	JOHNSON, EDWIN B	1521 BEACHWALKER DR.	FERNANDINA BEACH FL 32034
SD	JOHNSON, EDWIN B	1521 BEACHWALKER DR.	FERNANDINA BEACH FL 32034
D	JOHNSON, JODIE A	1521 BEACHWALKER DR.	FERNANDINA BEACH FL 32034

800008886618

11/08/02--01047--002 \*\*600.00

8. Name and Address of Current Registered Agent

JOHNSON, EDWIN B  
1521 BEACHWALKER DR.  
FERNANDINA BEACH FL 32034

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

12/18/02--01034--012

State  
FL

Zip Code  
32034

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/6/02

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.

Edwin B. Johnson

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/6/02 904-491-3750

FILED

02 DEC 17 PM 3:07

CLERK OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 2002

CR2E040 (8/02)