

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**  
97 OCT 31 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F63601**

1. Corporation Name

**STURE JOHANSSON INTERNATIONAL, INC.**

Principal Place of Business

**363 GRANELLO  
CORAL GABLES FL 33146**

Mailing Address

**363 GRANELLO  
CORAL GABLES FL 33146**



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

**01/19/1982**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0135235**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	JOHANSSON, STEFAN	363 GRANELLO	CORAL GABLES FL 33146
SD	JOHANSSON, HENRY	363 GRANELLO	CORAL GABLES FL 33146
VD	JOHANSSON, STURE	363 GRANELLO	CORAL GABLES FL 33146

000002337410--1  
--11/04/97--01035--012  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

**WEIDER, NORMAN S ESQ.  
100 S.E. 2ND STREET  
SUITE 3910  
MIAMI FL 33131**

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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:

**STEFAN JOHANSSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

10/27/97  
Date

(305) 442-4600  
Daytime Phone #