

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F96871

1. Corporation Name

JOHNSTON'S CARD & GIFT SHOP, INC.

Principal Place of Business

6210 NIMES CT.  
LUTZ FL 33549  
US

Mailing Address

6210 NIMES CT  
LUTZ FL 33549  
US

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

2. New Principal Office Address, If Applicable

5610 T.P.C. BLVD.

Suite, Apt. #, etc.

LUTZ FL

City & State

LUTZ, FL

Zip 33558

Country USA

3. New Mailing Office Address, If Applicable

5610 T.P.C. BLVD

Suite, Apt. #, etc.

LUTZ FL

City & State

LUTZ, FL

Zip 33558

Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/25/1982

5. FEI Number

59-2218950

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
PSD	JOHNSTON, LIZABETH	6210 NIMES CT 5610 TPC BLVD	LUTZ FL 33558
PSD	JOHNSTON, ROBERT H Johnston, TIMOTHY	6210 NIMES CT 4840 VERONA CIR.	LUTZ FL MELBOURNE, FL 32940
VD	SADWICK, Debra	6210 Nimes Ct.	LUTZ, FL 33558
VD	Johnston, EVAN	5610 T.P.C. BLVD	LUTZ, FL 33558

8. Name and Address of Current Registered Agent

JOHNSTON, ROBERT H.  
6210 NIMES CT  
LUTZ FL 33549

9. Name and Address of New Registered Agent

Name

LIZABETH Johnston, LIZABETH

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

5610 T.P.C. BLVD

Suite, Apt. #, Etc.

City

LUTZ

State

FL

Zip Code

33558

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-14-01

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  
Debra Sadwick Debra Sadwick 10-14-01 (813) 948-8371

Date

Daytime Phone #

CR2040 (8/01)