

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

H53669

**1. Corporation Name**

Six Mile Investment, Inc.  
2004 Johnson Road  
Immokalee, Florida 34142

**2. Principal Office Address**

2004 Johnson Road

**3. Mailing Office Address**

2004 Johnson Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Immokalee, Florida

Immokalee, Florida

Zip

Country

Zip

Country

34142

USA

34142

USA

**REINSTATEMENT**

96-00

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

4/24/1985

**5. FEI Number**

59-2537107

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

Douglas L. Johnson

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

2004 Johnson Road

Suite, Apt. #, Etc.

City

Immokalee

State

FL

Zip Code

34142

100003241651-2

05/08/00-01003-01

\*\*\*1358.75 \*\*\*1358.75

**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

Date 4/25/00

REGISTERED AGENT MUST SIGN

**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
P/D	Douglas L. Johnson	2004 Johnson Road	Immokalee, Fl 34142
V/D	Ina L. Johnson	2004 Johnson Road	Immokalee, Fl. 34142
S	Drucilla Godwin Wells	2004 Johnson Road	Immokalee, Fl. 34142

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 (941) 657-3191

Date

Daytime Phone #