

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



REINSTATEMENT

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H76505

1. Corporation Name

JOHNSON-WELTY CORPORATION

Principal Place of Business

17720 N.W. 67TH AVE., #416
MIAMI FL 33015
US

Mailing Address

17720 N.W. 67TH AVE., #416
MIAMI FL 33015
US

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

09/17/1985

5. FEI Number

59-2584085

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	JOHNSON, DAVID R	17720 N.W. 67TH AVE., #416	MIAMI FL 33015

8. Name and Address of Current Registered Agent

CHANDLER, JAMES I
5915 PONCE DE LOEN
#60
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name

DAVID R. JOHNSON

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

17720 NW 67 AVE

Suite, Apt. #, Etc.

#416

City

MIAMI FL

State

FL

Zip Code

33015

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

DAVID R. JOHNSON
REGISTERED AGENT MUST SIGN

Date

10/22/02

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.

SIGNATURE:

DAVID R. JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02 786-546-2900
Date Daytime Phone #

CR2E040 (8/02)

FROM: DAVID JOHNSON

10/22/02

PSD of the JOHNSON-WELTY CORP

P.O. BOX 170428

MIA FL 33017-0428

TO: Tim Smith

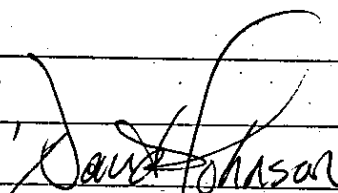
Secretary of State

DEAR Mr Smith,

Please accept this document as my statement that the prior UBR notices were not received for unknown reasons. As to avoid any future problems, I have recently aquired a P.O. box.

I therefore also request that you accept the enclosed check in the amount of \$150⁰⁰ for the corporate filing fee.

I greatly appreciate any cooperation that you can extend to me.

Sincerely, 

DAVID JOHNSON PRES