

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2015



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 31 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *J46989*

1. Corporation Name

R m Johnson Company, Inc.

2. Principal Office Address - No P.O. Box #

9588 58th St.

Suite, Apt. #, etc.

City & State

Live Oak Fl

Zip

32060

Country

Swansea

3. Mailing Office Address

*P.O. Box 699
Live Oak, Fl 32064*

Suite, Apt. #, etc.

City & State

Live Oak Fl

Zip

32064

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

Jan 1, 1987

5. FEI Number

59-2748718

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

Russell M Johnson

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

9588 58th St.

Suite, Apt. #, Etc.

City

Live Oak

State

FL

Zip Code

32060

400280518174
12/31/15--01012--020 **750.00

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

Russell M. Johnson
REGISTERED AGENT MUST SIGN

Date *12/29/15*

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
<i>(P)</i> <i>President</i>	<i>Russell M Johnson</i>	<i>9588 58th St.</i>	<i>Live Oak Fl 32060</i>
<i>Sec</i> <i>Treas</i>	<i>Raylyn M Johnson</i>	<i>9588 58th St.</i>	<i>Live Oak Fl 32060</i>

10. E-mail Address:

JOHNSONRS Agent @ Windstream / Net
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Raylyn M. Johnson
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/15 386-362-3374
Date Daytime Phone #