

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 MAY 26 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **577301**

1. Corporation Name

JOHNSTONE INCOME PROPERTIES, INC

2. Principal Office Address

177 CARAMBOLA LANE

Suite, Apt. #, etc.

City & State

CUDJOE KEY, FL

Zip

33042

Country

USA

3. Mailing Office Address

P.O. Box 420197

Suite, Apt. #, etc.

City & State

SUMMERLAND KEY, FL

Zip

33042

Country

USA

REINSTATEMENT 1996-2002

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

12 JUN 1987

5. FEI Number

59-2822881

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

C.T. CORPORATION SYSTEM

900005864549-1

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

1200 SOUTH PINE ISLAND RD - TEAM I

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

PETER F. SOUZA
ASSISTANT SECRETARY

Date

5/22/02

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/S/T DIR	M. INGE JOHNSTONE	177 CARAMBOLA LANE	CUDJOE KEY FL 33042
VP DIR	JUDITH FITZGERALD	1667 SEABREEZE DR.	TARPON SPRINGS, FL 34689
			1500.00 - Adm
			61.25 - AR
			88.75 - PRS

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

Date

Daytime Phone #

M. INGE JOHNSTONE / (305) 745-9404

19 MAY 02