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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Florida E-Record  
Secretary of State  
DIVISION OF CORPORATIONS

**L02000015866**

AND  
FILED

03 NOV 24 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000015866

Name and Mailing Address

0011217 01 AT 0.292 \*\*AUTO T2 1 0615 34734-471105



JOHNSON-SUMACHA, LLC  
MICHAEL R. JOHNSON  
805 HUNTSVILLE ROAD  
GOTHA FL 34734-4711

**REINSTATEMENT**

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/24/2002	
Principal Place of Business MICHAEL R. JOHNSON 805 HUNTSVILLE ROAD GOTHA FL 34734	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 02-0644786	Applied For Not Applicable
8. Name and Address of Current Registered Agent JOHNSON, MICHAEL R 805 HUNTSVILLE ROAD GOTHA FL 34734		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>Michael R. Johnson</u> Date <u>11/19/03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	Michael R Johnson, MGR	805 Huntsville Rd Gotha FL 34734	Gotha FL 34734
		300024979463 11/24/03--01079--017 **155.00	
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
Signature of Managing Member/Manager <u>Michael R. Johnson</u> Date <u>11/19/03</u> Daytime Phone # <u>407.877.1150</u>			
Typed or printed name of signing Managing Member/Manager <u>Michael R. Johnson</u>			

CR2E084 (7/03)