

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAY -3 AM 10:25

**DOCUMENT #**

1. Limited Liability Company's Name

Charles A Johnson LLC

200177638792  
04/26/10--01005--008 \*\*277.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 4450 NE 127 Ct Suite, Apt. #, etc.		3. Mailing Office Address 4450 NE 127 Ct Suite, Apt. #, etc.	
City & State Williston FL		City & State Williston FL	
Zip 32696	Country U.S.A.	Zip 32696	Country U.S.A.

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida 11-3-2006

6. FEI Number  
20-5835330

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. 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

REGISTERED AGENT MUST SIGN

Date

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Charles A. Johnson	4450 NE 127 Ct	Williston FL 32696

**REINSTATEMENT** 2009-10 824

11. E-mail Address: None

(To be used for future annual report notifications)

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 indicated 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 Charles A Johnson

Date 4/22/10 Daytime Phone # 352-486-1645

Typed or printed name of signing Managing Member/Manager