

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT #**

**1. Limited Liability Company's Name**

Charles A Johnson LLC

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

**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	

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 508, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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**

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 Johnson

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

Typed or printed name of signing Managing Member/Manager