

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 APR 21 AM 11 26

DOCUMENT # L07000100670

1. Limited Liability Company's Name

Johnson Financial Solutions, LLC

000172643590
03/19/10--01031--024 **516.25

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

1895 andover st nw

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 121790

Suite, Apt. #, etc.

City & State

Palm Bay, FL

Zip

32907

Country

USA

City & State

W. Melbourne, FL

Zip

32912-1790

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

10/3/2007

6. FEI Number

13-4365462

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

Carl Johnson II

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

1895 andover st

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32907

☐ 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.

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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

Carl S. Johnson II

REGISTERED AGENT MUST SIGN

Date 3/30/10

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 | Harriett L. Johnson | 1895 andover st nw | Palm Bay, FL 32907 |
| mgr | Carl S. Johnson II | 1895 andover st nw | Palm Bay, FL 32907 |
| | | | |
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| | | | |
| | | | |

REINSTATEMENT 2008-2010

11. E-mail Address: jpsllc@gmail.com

(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

Harriett L. Johnson

Date 3/15/10

Daytime Phone # (321) 956-7325

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 APR 21 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 22, 2010

JOHNSON FINANCIAL SOLUTIONS LLC
P O BOX 121796
W MELBOURNE, FL 32912-1796

SUBJECT: JOHNSON FINANCIAL SOLUTIONS LLC
Ref. Number: L07000100670

We have received your document for JOHNSON FINANCIAL SOLUTIONS LLC and your check(s) totaling \$516.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The reinstatement form must contain the name and address of the registered agent.

The registered agent must sign accepting the designation.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 610A00006978