

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000106 810

1. Limited Liability Company's Name

Johnson Woodwork LLC

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

27 Chehaw St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 376

Suite, Apt. #, etc.

City & State

Panacea FLA.

Zip

32346

Country

Wakulla

City & State

Panacea FLA.

Zip

32346

Country

Wakulla

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida**

10-19-07

6. FEI Number

83-0496383

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

Jerry W. Johnson

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

27 Chehaw St.

Suite, Apt. #, Etc.

City

Panacea

State

FL

Zip Code

32346

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 09-12-04

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
mgrm	Jerry Johnson	27 Chehaw St	Panacea FL 32346
mgr	Deanna Morgan	27 Chehaw St	Panacea FL 32346

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10/12/09--01002--012 **5.00

11. 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

[Signature]

Date 09-12-09 Daytime Phone (850) 210-8600

Typed or printed name of signing Managing Member/Manager