

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 19 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L 39331

1. Corporation Name

Express Circuit Board Repair Inc.

W01-4214

2. Principal Office Address

2290 Atlanta

3. Mailing Office Address

2290 Atlanta

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston FL

City & State

Weston FL

Zip

33326

Country

USA

Zip

33326

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/98

5. FEI Number

65-0164624

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James R Johnson

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

2290 Atlanta

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33326

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

James R Johnson

REGISTERED AGENT MUST SIGN

Date

4/5/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	James R Johnson	2290 Atlanta	Weston FL 33326

000004163900-6  
-05/09/01--01006--005  
\*\*\*\*\*600.00 \*\*\*\*\*600.00

98-01438 13

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

James R Johnson

James R Johnson

Date

4/5/01

Daytime Phone #

954 5201330

CR2E081 (9/00)