1/82

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

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16 MAR 18 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT 2009-2016

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06000006490

1. Limited Liability Company's Name
JOHNSTON SOUTHEAST, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
800 WILCREST,	800 WILCREST,
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 150	SUITE 150
City & State	City & State
HOUSTON, TX	HOUSTON, TX
Zip / Country	Zip / Country
77042 / USA	77042 / USA

CR2E041 (1/14)

4. State/Country of Formation
Texas

5. Date Organized or Qualified To Do Business In Florida 11/20/2006

6. FEI Number
83-0428128
☐ 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
CORPORATE CREATIONS NETWORK INC.

Street Address (P.O. Box Number is Not Acceptable) Suite,
11380 PROSPERITY FARMS ROAD

Apt. #, Etc.
#221E

City: PALM BEACH GARDENS | State: FL | Zip Code: 33410

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: **Kristine Roy, Special Secretary** Date: 03/18/2016
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	JOSEPH ALAN JOHNSTON, JR.	800 WILCREST, SUITE 150	HOUSTON, TX 77042

11. E-mail Address: Brenda.Jimenez@Johnstonllc.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 03/18/2016 Daytime Phone # (561) 694-8107

Typed or printed name of signing authorized representative/member JOSEPH ALAN JOHNSTON, JR., MGR by: Kristine Roy, Attorney-in-Fact

K. ASHTON

2842

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
JOHNSTON SOUTHEAST, LLC

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