

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB -4 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 38651

**1. Corporation Name**

Johnson-Brinson Project, Inc.

**2. Principal Office Address**

706 SW Bunker ST.

Suite, Apt. #, etc.  
                    

City & State

Madison, FL

Zip

32340

Country

U.S.A.

**3. Mailing Office Address**

706 SW Bunker ST.

Suite, Apt. #, etc.  
                    

City & State

Madison, FL

Zip

32340

Country

U.S.A.

**REINSTATEMENT** 01-03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5-90

**5. FEI Number**

65-0232935

Applied For

☐ Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

David Dukes

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

706 SW Bunker ST.

Suite, Apt. #, Etc.  
                    

City

Madison

State

FL

Zip Code

32340

400011787104

02/04/03--01071--015 \*\*358.75

**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

David Dukes  
REGISTERED AGENT MUST SIGN

Date 1-28-03

**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
<u>P/D</u>	<u>David Dukes</u>	<u>706 SW Bunker ST.</u>	<u>Madison, FL 32340</u>
<u>C/D</u>	<u>Octavious Tookes</u>	<u>1354 Baumgardner ST.</u> <u>(no st. address)</u>	<u>Madison, FL 32340</u>
<u>D</u>	<u>Jenny Andrews</u>	<u>RT 2 Box 902</u>	<u>Madison, FL 32341</u>
<u>S/D</u>	<u>Edna Turner-ChanFord</u>	<u>1208 Thompkins ST.</u>	<u>Madison, FL 32340</u>

**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 19.07(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:**

David Dukes  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-28-03

850-973-5124

Daytime Phone #

X-229

CR2E031 (10/02)