

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000000600

Entity Name: JOHNSON NURSERY, INC.

FILED
Oct 28, 2008
Secretary of State

Current Principal Place of Business:

24546 WALLICK RD.
SORRENTO, FL 32776

New Principal Place of Business:

Current Mailing Address:

24546 WALLICK RD.
SORRENTO, FL 32776

New Mailing Address:

P.O. BOX 320
SORRENTO, FL 32776

FEI Number: 59-3617195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWIGERT, BRETT L P.A.
24546 WALLICK RD.
SORRENTO, FL 32776 US

Name and Address of New Registered Agent:

JOHNSON, DAVIDALAN
2217 GOOD HOMES ROAD
ORLANDO, FL 32818 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVIDALAN JOHNSON

10/28/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, DAVID ALAN
Address: 2217 GOOD HOMES RD.
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTs (X) Change () Addition
Name: JOHNSON, DAVID ALAN
Address: P.O. BOX 320
City-St-Zip: SORRENTO, FL 32776

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVIDALAN JOHNSON

PVTs

10/28/2008

Electronic Signature of Signing Officer or Director

Date