## 2005 FOR PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE DOCUMENT # P00000028230 DIVISION OF CORPORATIONS JOHNSON INSURANCE AGENCY, INC. 05 OCT 17 AHII: 44 Principal Place of Business Mailing Address 3108 STEARNS ROAD PO BOX 2365 BRANDON, FL 33509-2365 VALRICO, FL 33594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10112005 REIN-P CR2E098 (6/04) City & State City & State 4. FEI Number Applied For 59-3643217 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, DAVID C Street Address (P.O. Box Number is Not Acceptable) 3108 STEARNS ROAD VALRICO, FL 33594 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition JOHNSON, DAVID C NAME NAME 3108 STEARNS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO, FL 33594 VP TITLE ☐ Detete TITLE ☐ Change ☐ Addition JOHNSON, SCOTT D NAME NAME STREET ADDRESS 1010 PEACHWOOD DRIVE STREET ADDRESS BRANDON, FL. 33510 CITY-ST-ZIP CITY-ST-ZIP <u>a v P</u> TITLE ☐ Change Addition THILE Delete Johnson, Eric G. NAME NAME 3108 Stearns Rd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Valrico, FL 33594 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete IULE HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 tractice employee of to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like employered. of the corporation or the receiver changed, or on an attachment 10-11-05 813-685-1133 Date Davine Phone 8 **SIGNATURE:** G OFFICER OR DIRECTOR

FILED

## Johnson Insurance Agency, Inc.

Scott D. Johnson P.O. Box 2365 Brandon, FL 33509-2365 phone (813) 685-1133 fax (813) 657-1306 cell (813) 624-6528

10/11/05

Florida Department of State, Please find enclosed the form for reinstatement of our corporation. We had sent in the original form on 4-25-05 and forgot to sign it. We signed and mailed back on 6-14-05. you have already cashed our check of \$150.00 on 5/12/05. I called today and was told to send in a letter expaining what happened along with the copy of original and reinstatement form.

Lincerely,

Scotta Johnson