

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 24 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000050180

1. Corporation Name

Johnson Trucking, Inc.

800004882848--9
-02/05/02--01034--018
****908.75 ****908.75

2. Principal Office Address

7119 Birchwood Rd.

Suite, Apt. #, etc.

City & State

Grand Ridge FL

Zip Country

32442 US

3. Mailing Office Address

P.O. Box 610

Suite, Apt. #, etc.

City & State

Grand Ridge FL

Zip Country

32442 US

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/00

5. FE# Number

59-3647353

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

Charles A. Johnson

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

2253 Sand Ridge Church Rd.

Suite, Apt. #, Etc.

City

Grand Ridge

State

FL

Zip Code

32442

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

Charles A. Johnson
REGISTERED AGENT MUST SIGN

Date 01/21/02

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
P	Charles A. Johnson	2253 Sand Ridge Church Rd	Grand Ridge FL 32442
M	Kenneth H. Branch	1769 Taber Way	Grand Ridge FL 32442

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles A. Johnson
Charles A. Johnson

Date

01/21/02

Daytime Phone #

850592-1106

CR2081 (9/01)