

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000052489

1. Corporation Name

ROBERT JOHNSON INSURANCE, INC.

Principal Place of Business

1750 A1A SOUTH
ST AUGUSTINE FL 32080

Mailing Address

2043 HAWKCREST DRIVE EAST
JACKSONVILLE FL 32259



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/01/2000

5. FEI Number

59-3649775

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	JOHNSON, ROBERT C	2043 HAWKCREST DRIVE EAST	JACKSONVILLE FL 32259

10/13/22

400023923444
10/20/03--01006--016 **150.00

8. Name and Address of Current Registered Agent

JOHNSON, ROBERT C
2043 HAWKCREST DRIVE EAST
JACKSONVILLE FL 32259

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Robert Johnson
REGISTERED AGENT MUST SIGN

Date 10-13-2003

11. 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:

Robert Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-2003

Date

(904 - 471 4706)
Daytime Phone #

CR2040 (7/03)

ROBERT JOHNSON INSURANCE, INC.

**1750 A1A South
St. Augustine, FL 32080**

October 13, 2003

State of Florida
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Reinstatement Section:

Please accept this letter as my request for waiver of the reinstatement fee for returning my corporation to active status. I hereby certify that I did not receive the prior uniform business report notices. As advised through a telephone call to your office, I am enclosing a completed application for reinstatement, along with the fee for filing the report without penalty. I trust this will return my corporation to active status.

Your assistance in this matter is very much appreciated.

Sincerely,

Robert C. Johnson, President
Robert Johnson Insurance, Inc.

*Thanks
Robert Johnson*